

Governing Body Meeting in Public Agenda

Date: Thursday 7th September 2017, 13:00 to 16:10hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

PLEASE NOTE: we are committed to using our resources effectively, with as much as possible spent on patient care so sandwiches will no longer be provided at CCG meetings.

1300 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

1315 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body Members

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
Dr Craig Gillespie	Clinical Vice Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Matthew Ashton	Director of Public Health <i>(co-opted member)</i>	MA
Lin Bennett	Practice Manager	LB
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Wayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Ricky Sinha	GP Clinical Director	RS
Dr Sunil Sapre	GP Clinical Director	SS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

In Attendance

Dr Peter Kirkbride	Medical Director, Clatterbridge NHS Trust Hospital	PK
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Barney Schofield	Director of Transformation and Innovation, Clatterbridge NHS Trust Hospital	BS
Linda Turton	Consultant in Public Health, Sefton MBC	LT
Judy Graves	<i>(Minute taker)</i>	

“Sefton Public Health Annual Report 2016”
presentation by Linda Turner, Sefton MBC

“Cheshire & Merseyside Oncology Service: Clatterbridge Vision”
presentation by Dr Peter Kirkbride, Medical Director, and Barney Schofield, Director of Innovation and Transformation

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					13:45hrs
GB17/138	Apologies for Absence	Chair	Verbal	R	2 mins
GB17/139	Declarations of Interest	Chair	Verbal	R	3 mins
GB17/140	Minutes of Previous Meeting - July 2017	Chair	Report	A	5 mins
GB17/141	Action Points from Previous Meeting - July 2017	Chair	Report	A	5 mins
GB17/142	Business Update	Chair	Verbal	R	5 mins
GB17/143	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB17/144	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/145	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
Governance					
GB17/146	Annual Audit Letter 2016/17	MMcD	Report	R	10 mins
GB17/147	Safeguarding Annual Report 2016/17	Karen Garside	Report	A	10 mins
GB17/148	Establishing Audit Committees in Common for NHS South Sefton CCG and NHS Southport & Formby CCG	DFair	Report	A	10 mins
GB17/149	Emergency Preparedness, Resilience and Response Assurance and Improvement Plan	TJ	Report	A	10 mins
Service Improvement/Strategic Delivery					
GB17/150	Better Care Fund: Update	TJ	Report	A	10 mins
For Information					
GB17/151	Key Issues Reports: a) Finance & Resource Committee (F&R): June 2017 b) Quality Committee: Key Issues: July 2017 c) Audit Committee: April and May 2017 and Annual Report 2016/17 d) Joint Commissioning Committee: None	Chair	Report	R	10 mins
GB17/152	F&R Committee Approved Minutes: - June 2017		Report	R	
GB17/153	Joint Quality Committee Approved Minutes: - Deferred to November 2017		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB17/154	Audit Committee Approved Minutes: - April and May 2017		Report	R	
GB17/155	Joint Commissioning Committee Approved Minutes: - None		x	x	
GB17/156	CIC Realigning Hospital Based Care Key Issues - June 2017		Report	R	
GB17/157	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB17/158	Date of Next Meeting Thursday 2nd November 2017, 13:00 hrs in the Boardroom, 3rd Floor, Merton House. <u>Future Meetings:</u> From 1 st April 2017, the Governing Body meetings will be held on the first Thursday of the month rather than the last. Dates for 2017/18 are as follows: 4th January 2018 1st March 2018 3rd May 2018 5th July 2018 All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3 rd Floor Merton House.				-
Estimated meeting close					16:10 hrs

Motion to Exclude the Public:

Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)

Governing Body Meeting in Public Draft Minutes

Date: Thursday 6th July 2017, 13:05hrs to 15:15hrs,
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
Dr Craig Gillespie	Clinical Vice Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Lin Bennett	Practice Manager	LB
Dr Peter Chamberlain	GP Clinical Director	PC
Debbie Fagan	Chief Nurse and Quality Officer	DCF
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS

In Attendance

Lyn Cooke	Head of Comms and Engagement	LC
Brendan Prescott	Deputy Chief Nurse/ Head of Quality and Safety	BP
Angela Price	Chief Delivery & Integration Officer	AP
Becky Williams	Strategy and Outcomes Officer	BW
Judy Graves	(Minute taker)	

Quorum: Majority of voting members.

Name	Governing Body Membership	Jan 17	Mar 17	May 17	July 17	Sept 17	Nov 17	Jan 18
Dr Andrew Mimmagh	Chair & GP Clinical Director	✓	✓	✓	✓			
Dr Craig Gillespie	Clinical Vice Chair & GP Clinical Director	✓	✓	✓	✓			
Graham Morris	Vice Chair & Lay Member - Governance	A	✓	✓	✓			
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	A	A			
Graham Bayliss	Lay Member for Patient & Public	✓	✓	✓	✓			
Lin Bennett	Practice Manager	✓	✓	✓	✓			
Dr Peter Chamberlain	GP Clinical Director	✓	A	✓	✓			
Debbie Fagan	Chief Nurse & Head of Quality & Safety	✓	✓	A	✓			
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	A	A	A			
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	A	✓	N			
Dr Dan McDowell	Secondary Care Doctor	✓	✓	✓	A			
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓			
Dr Ricky Sinha	GP Clinical Director	A	✓	A	A			
Dr Sunil Sapre	GP Clinical Director	✓	A	✓	✓			
Fiona Taylor	Chief Officer	✓	A	✓	A			
Dr John Wray	GP Clinical Director	✓	A	A	A			

No	Item	Action
Public	<p data-bbox="309 181 1318 215">Questions from the Public</p> <p data-bbox="354 241 1305 521">1. A member of the public referred to the Chief Officer's report regarding the proposed merger of the three CCG's. It was acknowledged that a more considered and robust business case is needed to convince local residents, as well as GP practice members, of the benefits of the planned merger. It was asked that, at what stage of the decision making process, will local residents be invited to respond to any review undertaken which will presumably include a more considered assessment of the balance of risks and rewards associated with a merger?</p> <p data-bbox="397 555 1278 645">AM advised that, as per the Chief Officers report (item 17.113) a decision had been made to pause the merger in order to spend more time considering the implications for the CCG's patients, staff and partners.</p> <p data-bbox="397 678 1315 801">AM explained that the merger had been considered for a number of reasons however, it had become apparent that that there were some areas that needed further review. The CCGs were restricted to national timelines for the commencement and completion of the merger.</p> <p data-bbox="397 835 1275 987">It was confirmed that there was no requirement for formal public consultation as the final decision is a matter reserved to each constituent member group of GP's. The CCG did confirm that the public views were always welcomed as part of its decision making process and would be seeking views in future engagement meetings.</p> <p data-bbox="397 1021 1209 1081">The CCG noted that any proposed business case would cover both management and programme savings.</p> <p data-bbox="354 1115 1315 1205">2. A member of the public asked if there was a simplified Business Model that showed current and future organisations and high level process flows?</p> <p data-bbox="397 1238 1270 1361">It was confirmed that during the last re-organisation the Kings Fund had produced a short video available on YouTube 'An alternative guide to the new NHS in England'. https://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england</p> <p data-bbox="354 1395 1291 1485">3. A further question was raised in relation to the CCG Strategy and the expectation of an underlying Business Model and process. The CCG were asked to provide an overview.</p> <p data-bbox="397 1518 1286 1641">It was explained that the Shaping Sefton Strategy provided an insight into how the CCG planned to transform key service areas. The CCG were working collectively with partners on developing the future vision to review evidence provided in the Five Year Forward View.</p> <p data-bbox="397 1675 1230 1736">The Shaping Sefton Strategy is available through the CCG's website. http://www.southseftonccg.nhs.uk/what-we-do/shaping-sefton/</p> <p data-bbox="397 1769 1286 1830">The members and the public were reminded of the South Sefton Big Chat event being held Tuesday 11th August 2017.</p> <p data-bbox="354 1863 1259 1924">4. A further question was raised in relation to the paused merger and whether a review document would be produced?</p> <p data-bbox="397 1957 1262 2018">MMcD confirmed that it was not the CCGs intention to produce a review document at this stage.</p>	

No	Item	Action
	<p>A Business Case had been commenced although further strengthening was required with the other two CCGs, including identification of cost saving expectations and further exploration of the benefits of the merger.</p>	
Presentation	<p>Working Together for a Healthier Community</p> <p>A presentation was given on the work of CVS which had been made possible, in part, as a result of the non-recurrent CCG investment during 2014-17 and highlighted extracts of the full report.</p> <p>The CCG were thanked for the investment, with special thanks given to Geraldine O'Carroll, Kevin Thorne and Tracy Jeffes for their input and support.</p> <p>The presentation highlighted the benefits of the funding and the work that had been carried out with the groups and the CCG, to better understand the impact of projects to the health and well-being of the population.</p> <p>An update was given on the distribution of the projects and key achievements. This highlighted the projects that were Southport & Formby based as well as Sefton wide, against four themes; Older People, Adult Mental Health, Children and Young People.</p> <p>The people engaged included older people, most of whom were suffering social isolation. There were also children and youth projects which helped individuals feel valued and enabled them to develop skills to live healthier lifestyles. It was recognised that there were a number of connections with the Public Health agenda.</p> <p>The presentation then went on to highlight the many successful projects that had been established and the impact they were having on people's lives and health. Some projects had been successful in drawing down additional funding from other sources which will help their sustainability.</p> <p>In closing, the presentation highlighted the current financial pressures on the NHS but recognised the impact that voluntary organisations have in the local community, in terms of improving the health and well-being of their residents. It was further commented that the existence of the projects and interventions had an impact on NHS savings. GB updated the members on a recent Engagement and Patient Experience Group (EPEG) where Veterans had attended and showcased the work and support of CVS. In particular the Sefton Veterans Project which was now established as a registered charity with funding secured from the British Legion. The support provided by the project had demonstrated that veterans had alternative networks to provide help and had reduced the burden on health and care services.</p> <p>RESOLUTION</p> <p>Nigel Bellamy was thanked for his presentation and was congratulated on the work of CVS. GB added the thanks of the Engagement and Patient Experience Group (EPEG). The CVS was commended for its work and the impact it has on the health and well-being of its community.</p>	
GB17/108	<p>Apologies for Absence</p> <p>Apologies were received on behalf of Matthew Ashton and Linda Turner (both Sefton MBC), Fiona Taylor, Dr Ricky Sinha, Dr John Wray, Dwayne Johnson and Dan McDowell.</p> <p>Becky Williams attended on behalf of Karl McCluskey to present the IPR: planned and unplanned care (item GB17/115).</p>	

No	Item	Action
	The Chair confirmed the meeting quorate.	
GB17/109	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Brendan Prescott, Martin McDowell and Fiona Taylor. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB17/110	<p>Minutes of Previous Meeting: 4th May 2017</p> <p>RESOLUTION</p> <p>The minutes of the previous meeting held 4th May 2017 were accepted as a true and accurate record.</p>	
GB17/111	<p>Action Points from Previous Meetings</p> <p><u>17/111: May 2017</u></p> <p><u>17/74: Minutes of Previous Meeting: 30th March 2017</u></p> <p>Maureen Kelly had not been in attendance at the meeting. Judy Graves to correct the minutes accordingly.</p> <p><i>Update</i></p> <p><i>Minutes updated.</i></p> <p><u>17/57.1: Attendance Tracker</u></p> <p>Consideration was requested to be given to the introduction of an attendance tracker for the governing body, as provided for other CCG committees.</p> <p><i>Update</i></p> <p><i>Now included.</i></p> <p><u>17/78: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report: Month 12</u></p> <p>A dedicated QIPP week is to be held. This would provide an opportunity for all staff to contribute QIPP suggestions that can be explored and the outcome will be reported in the next Governing Body meeting.</p> <p><i>Update</i></p> <p><i>QIPP week held. Update being provided in PTI with further discussion to be held in PTII.</i></p> <p><u>17/79: Integrated Performance Report: Clinical Lead updates</u></p> <p>Reference was made to the Q3 Improvement and Assessment Framework Dashboard (page 84 and 85). FLT requested the clinical leads review the year end reports for each of their domains, as well as present on each of their areas of speciality to future development sessions.</p> <p><i>Update</i></p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<p><i>Development Session dates have been circulated to the Clinical Leads and a schedule is being pulled together for 2017/18.</i></p> <p><u>17/79: Integrated Performance Report: 'Delayed Transfers of Care'</u></p> <p>To include a year on year comparison.</p> <p><i>Update</i></p> <p><i>Has been completed and liaised through Dave Warwick. Will be rolled out month on month.</i></p> <p><u>17/80: Pension Auto Enrolment</u></p> <p>Following governing body approval of the report and endorsement of the recommendations, the members suggested that the process be checked for those that are auto enrolled and have more than one employer as there is a potential that the employee could be enrolled twice.</p> <p><i>Update</i></p> <p><i>The finance team are monitoring the auto enrolment in relation to completion and possible duplication.</i></p> <p><u>17/81: Joint Commissioning of Primary Medical Care: Terms of Reference</u></p> <p>The members approved the terms of reference subject to clarification of:</p> <ul style="list-style-type: none"> - GP Clinical Lead duplicated on page 103 - Clarity needed on the lay membership and position (page 103/104) - Consideration to be given to Practice management membership and terms of reference to be amended to reflect the outcome of the decision <p><i>Update</i></p> <p><i>Clarification was needed on whether the actions had been undertaken. However, it was asked to be noted that a decision had been taken not to proceed to a fully delegated committee at this time.</i></p>	<p>Closed</p> <p>Closed</p> <p>JL</p>
GB17/112	<p>Business Update</p> <p>As already covered under the public questions and within the Chief Officer report, the proposal to merge with Liverpool and Southport & Formby CCGs had been put on hold pending further review.</p> <p>There was no further update in addition to that already covered within the Chief Officer report and the public questions.</p> <p>RESOLUTION</p> <p>The governing body received the verbal report.</p>	
GB17/113	<p>Chief Officer Report</p> <p>The members and the public were updated as per the report presented, with the following areas highlighted:</p> <ol style="list-style-type: none"> 1. <u>QIPP Update</u> Following a "QIPP week" held in May 2017, a draft revised QIPP plan was presented to the Joint QIPP committee on 20th June which included a number of proposed additional schemes. Officers have now been requested to work up 	

No	Item	Action
	<p>project plans to support delivery of each of the newly identified schemes, with a report to be presented to the Joint QIPP committee in Q2.</p> <p>3. <u>Strengthening Commissioning</u> It was highlighted that, although the proposed merger of South Sefton, Southport & Formby and Liverpool CCGs had been paused, the CCGs continue to work together on a number of areas including CHC.</p> <p>4. <u>Commissioning Policy Review</u> Launch exercise being held on 10th July 2017.</p> <p>6. <u>Cyber Attack Update</u> A further update was given in relation to the issues, including the impact on local screening facilities and the requirement for further resilience.</p> <p>Informatics Merseyside were again commended on their action and support during and after the cyber-attack. The members were reminded of the ‘switch-off’ from the system that the CCG had carried out in order to minimise the impact of the attack but which had resulted in a loss of man hours. The members were then briefed on the work of Informatics Merseyside in developing a method where the CCG no longer needed to ‘switch-off’ from the system; it enabled the CCG to operate off of the server and added further resilience. A question was raised in relation to the extra firewall and whether the same would work for GP practices. MMcD confirmed it would.</p> <p>7. <u>SEND Written Statement of Action – Response from OfSTED and CQC</u> The members were updated on the further update and resubmission of the Written Statement of Action from the CCG.</p> <p>The members were highlighted to the date of the Overview and Scrutiny Committee of 21st July 2017, which should read 21st June 2017.</p> <p>15. <u>Integration – Better Care Fund</u> The members were informed that the additional BCF guidance had now been published and was in the process of being reviewed.</p> <p>16. <u>Additional Social Care Funding</u> The members were asked to note the additional funding being made available to councils in order to meet unmet adult social care needs, support local authorities to pay increases in adult social care packages and improve the performance of delayed discharges from hospitals.</p> <p>A concern was raised in relation to support available for those patients being admitted for social reasons. PC was asked to list his concerns and speak with MMcD outside of the meeting.</p> <p>18. <u>Conflicts of Interest</u> The members were updated on the new guidance published by the NHSE in relation to the scope of the existing conflict of interest policies and procedures.</p> <p>RESOLUTION</p> <p>The governing body received the reports.</p>	<p>PC & MMcD</p>
GB17/114	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The report presented provided the Governing Body with an update on the progress being made to implement the QIPP plan schemes and activities. The Joint QIPP</p>	

No	Item	Action
	<p>Committee continues to monitor performance against the plan and receives updates across the five domains; planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.</p> <p>The QIPP plan is under regular review and updated as new opportunities are identified.</p> <p>The members discussed the report and the following areas were highlighted;</p> <p>The members were informed that the planned QIPP delivery of £2,956k leaves £5,524k at risk of non-delivery.</p> <p>It was asked to be noted that further discussion will be held in the PTII governing body meeting regarding the development of extra QIPP schemes.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/115	<p>Integrated Performance Report</p> <p>The members and the public were presented with a report which provided summary information on the activity and quality performance of South Sefton CCG. It was asked to be noted that the time periods of data are different for each source.</p> <p>Becky Williams presented the report on behalf of Karl McCluskey.</p> <p>The members discussed the report and the following areas were highlighted;</p> <p>Key Issues</p> <p>The members were referred to the executive summary on page 44 which provided summary information on the activity and quality performance of South Sefton CCG as at Month 1. The areas of concern were highlighted and included 4hr waits, ambulance categories and Diagnostic Test Waiting Time. It was noted that the access to IAPT performance was showing an improvement.</p> <p>Planned Care</p> <p>Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of £108k, which is a percentage variance of 3%. At specific trusts, Renacres are reporting the largest over performance with a cost variance with a total of £53k/47%.</p> <p>Cardiology is showing the largest cost variance in month 1 (£109k/96%). The cardiology over performance is largely related to day case activity. Conversely, Trauma & Orthopaedics is under performing by £33k/9% against plan.</p> <p>There has been some new indicators incorporated into the report for 2017/18 and 2018/19 including Personal Health Budgets (PHB's). The members were briefed on the challenging PHB targets for 2017/18 and 2018/19, and updated on the review being undertaken by the CCGs PHB Lead in relation to the processes and packages managed by other CCGs, including End of Life and those with complex health needs.</p> <p>The diagnostic test waiting time breaches in gastroscopy were highlighted and as detailed on page 56 of the meeting pack. The members were updated on the CCG breach (3.2) which was as a result of a cancelled operation in April 2017. The</p>	

No	Item	Action
	<p>procedure has since been undertaken.</p> <p>Unplanned Care</p> <p>Aintree University Hospital NHS Foundation Trust failed the agreed A&E NHS Improvement target for 4 hour A&E performance of 89% reaching 86.13%. A number of actions for improvement had been identified.</p> <p>NWAS failed to achieve any of the response time targets, with the significant dip in performance relating to national ambulance targets. The CCG are working with all partners to improve performance against these targets. An increase in the number of handover delays in excess of 30 minutes was also noted during April 2017.</p> <p>The members discussed the Urgent Care dashboard provided on page 80 of the report. It was commented that the charts provided an understanding of the different factors involved.</p> <p>The members discussed the data time period for mortality and noted that more recent data was discussed at the Mortality Group. It was requested that this information be included in the Integrated Performance Report.</p> <p>Mental Health</p> <p>Reference was made to indicator 5.4 Improve Access to Children & Young People's Mental Health Service (CYPMH) which is a new target to support the provision of IAPT services to the younger population. It had been flagged that data coverage and completeness might be an issue as some of the data which had been used to establish the target had been queried.</p> <p>Stroke</p> <p>Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 59.5%. This is a slight improvement from the previous month when the Trust recorded 56.1%. Out of 42 patients only 25 spent more than 90% of their hospital stay on a stroke unit. The Trust continues to achieve the TIA measure.</p> <p>Concern was raised regarding the pressure on stroke beds, partly due to recruitment issues. It was clarified that the problems were evident across the local healthcare system. The concerns had been raised in the Quality Contract meetings and Contract Review Group. Dr Gina Halstead has challenged the issues with the Trust, including bed occupancy rates, although a change is not yet evident. The members were asked to note the struggles being experience by the providers across the economy and the discussions that had been held across the network in relation to stroke and delivery of hyper acute services.</p> <p>Community Health Services</p> <p>There are a number of services with high DNA rates, including Diabetes and Adult Dietetics. These will be reviewed as part of the work being undertaken by Mersey Care.</p> <p>The delays and long waiters in Paediatric SALT were highlighted. The members requested further investigation into the issues. It was recognised that the service was in a transition period to Alder Hey, however the issues needed to be discussed with the new provider. PC offered assistance.</p> <p>The members were provided with an update on the Paediatric Speech and Language services being moved to Alder Hey. It was noted that Paediatric Speech and Language was an area of risk and as such had now been included within the</p>	<p>Becky Williams</p> <p>PC and Becky Williams</p>

No	Item	Action
	<p>Alder Hey contract. Any further issues would be picked up via the contract meetings.</p> <p>Quality The CCG and Aintree had no new cases of MRSA in April. A Post Infection Review meeting had been held as a result of a prior case that had been assigned to the Trust.</p> <p>The members discussed MRSA and the almost certain inevitability of instances occurring. It was questioned whether there were any examples of trusts that didn't get MRSA cases. DCF offered to take this back to the IPC leads and the Cheshire and Merseyside Network; the members were briefed on the processes in place for managing MRSA instances and the work with the Cheshire and Merseyside network to ensure continued learning.</p> <p>Reference was made to the Adam Dynamic Procurement System being operational from 2nd May 2017 and the implementation issues being experienced. Further assurance has been requested to ensure that data is comprehensively available for the next reporting period.</p> <p>Finance The members were presented with the CCG's finance position as detailed on page 45 of the report.</p> <p>MMcD reported the CCG's financial position noting that the CCG confirmed to plan for a break-even position dependent upon full delivery of its QIPP plan. The likely case scenario reported to the Finance and Resource Committee at this stage of the year is that the CCG is on target to deliver a £3.9m deficit.</p> <p>CCG Improvement & Assessment Framework (IAF)</p> <p>The members were informed that the publication of quarter 4 data has been delayed by NHSE nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework.</p> <p>RESOLUTION</p> <p>The governing body received the report. It was noted that there were a number of improvements in relation to both performance and business intelligence and further work will continue to deliver improvements in other areas.</p>	<p>DCF</p>
<p>GB17/116</p>	<p>Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton, Southport & Formby and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan</p> <p>The paper presented a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.</p> <p>The members were reminded of the 'Committee in Common' established in October 2014 to consider changes in the hospital services arising from the Healthy Liverpool Programme. The committee had no delegated decision making powers which meant decisions had to be referred back to each respective governing body. The proposal would switch the governance arrangements, including delegated powers, to the Joint Committee in relation to changes to hospital services as part of the</p>	

No	Item	Action
	<p>North Mersey Local Delivery System Plan. The proposal seeks to reduce bureaucracy whilst increasing integration and facilitating greater strategic alignment.</p> <p>The members were taken through the report. The following was highlighted:</p> <p>Page 113 of the meeting pack lists the provider organisations within the scope of the North Mersey Hospital Transformation Programme. Clarification was needed on whether Mersey Care should be included.</p> <p>Reference was made to page 114 of the meeting pack, second sentence of the second paragraph; 'Whilst the current proposal....'. The members were informed of a discussion held at a Senior Leadership Team meeting where it had been proposed that such should be removed as was considered that it could take the joint committee outside of its 'hospital services' remit. The members agreed the proposal and removal of the sentence.</p> <p>Reference was made to the voting and the 75% approval rate. It was commented that this was understood to mean that each CCG had a veto on any proposal, and that the meeting would not be quorate unless each CCG was represented.</p> <p>Discussion was had in relation to the membership of the Joint Committee (item 4.) and whether a Practice Manager member could be considered but in a non-voting role. It was clarified that this could be considered if the committee is established.</p> <p>The members referred to item 5.0 where it stated that the standing orders of NHS Liverpool CCG were to be applied and questioned whether they were comparable with South Sefton CCG. MMcD to review.</p> <p>Reference was made to:</p> <ul style="list-style-type: none"> - page 115, item 6. Last sentence to read...delegated responsibilities for hospital reconfiguration should.... - page 121, second paragraph and in relation to no person acting in more than one role. This was highlighted as having possible implications for South Sefton and Southport & Formby CCGs given the joint positions of some of the governing body members. - page 122, item 9, penultimate paragraph. The sentence needed to be made clear that any sub groups and working groups established needed to be in relation to hospital redesign, as per the remit of the committee. <p>The members discussed the six months withdrawal period identified in item 14.0. The instruction could result in a notice period of up to eighteen months. It was agreed that the timeframe and instruction needed to be reviewed.</p> <p>An additional 'Dissolution' paragraph to be added as item 15.</p> <p>The members agreed that any proposed changes to the Terms of Reference at any time, should have prior approval by each CCG and that this should be clear in the Terms of Reference.</p> <p>RESOLUTION</p> <p>The governing body:</p> <ol style="list-style-type: none"> 1. Supported the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs 2. Approved the Terms of Reference subject to: <ol style="list-style-type: none"> a. Consideration of Mersey Care within the scope of the providers b. Removal of the sentence on page 114 	<p>TJ</p> <p>TJ</p> <p>MMcD</p> <p>TJ</p> <p>TJ</p> <p>TJ</p> <p>TJ</p> <p>TJ</p> <p>TJ</p> <p>FLT/TJ/ MMcD</p>

No	Item	Action
	<p>c. Clarification regarding the Liverpool CCG Standing Orders (item 5) d. Clarification of the withdrawal period and instruction (item 14) e. Wording to be added to items 6 and 9. f. Additional 'Dissolution' paragraph to be added as item 15. g. Any proposed changes to the Terms of Reference should have prior approval by each CCG</p> <p>3. That the Committee(s) in Common is then dissolved</p>	
GB17/117	<p>Audit Committee Annual Report 2017</p> <p>The members were presented with the Audit Committees Annual Report for 2017. The report incorporated an overview of the role of the Audit Committee, in addition to an update on a number of areas of assurance.</p> <p>The members discussed the report and highlighted;</p> <p>The effective system of integrated governance, risk management and internal control remains in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are established.</p> <p>MIAA had not reported any weaknesses in control or consistent non-compliance with key controls. The Director of Internal Audit opinion reported 'Significant Assurance' for the 2016/17 financial year.</p> <p>It was asked to be noted that an Annual Audit Letter 2016-17 from the external auditors, KPMG, also formed part of the annual report. This had not been available at the time of the governing body meeting so will be presented to the September Governing Body.</p> <p>RESOLUTION</p> <p>The Governing body noted the work of the Audit Committee and received the Annual Report for 2016/17.</p>	
GB17/118	<p>Governing Body Assurance Framework 2017/18 Quarter 1</p> <p>The members were presented with the updated GBAF as at Quarter 1 (April to June 2017) following review by the Executives and as being presented to the Audit Committee in July 2017.</p> <p>The GBAF for Quarter 4 2016/17 was presented to the Audit Committee in April 2017 and was signed off following full review and scrutiny.</p> <p>The members discussed the report presented and highlighted the following areas:</p> <p>Risks associated with strategic objective number two (Shaping Sefton) 2.1 are being managed as part of the arrangements to secure delivery of QIPP. Achievement of QIPP is the CCG's number one strategic objective.</p> <p>The members were reminded of the purpose of the GBAF in identifying the risks to the governing body in delivering the corporate objectives.</p> <p>The members were informed that the CCG had received a 'significant assurance' from MIAA for its assurance processes.</p> <p>RESOLUTION</p> <p>Following review and scrutiny, the governing body approved the updates.</p>	

No	Item	Action
GB17/119	<p>Key Issues Reports:</p> <p>a) Finance & Resource (F&R) Committee: March and May 2017</p> <p>b) Quality Committee: Key issues March and April 2017 and Annual Report 2016/17</p> <p>c) Audit Committee: None</p> <p>d) Joint Commissioning Committee: None</p> <p>e) Locality Meetings: Quarter 2017/18</p> <p>RESOLUTION</p> <p>The governing body received the key issues reports and the Quality Annual Report.</p>	
GB17/120	<p>Finance and Resources Committee Approved Minutes:</p> <p>- March and May 2017</p> <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/121	<p>Joint Quality Committee Approved Minutes:</p> <p>- March and April 2017</p> <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/122	<p>Audit Committee Approved Minutes:</p> <p>- None 2017</p> <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/123	<p>Any Other Business</p> <p>None</p>	
GB17/124	<p>Date of Next Meeting</p> <p>Thursday 7th September 2017, 13:00 hrs, Boardroom, 3rd Floor, Merton House.</p>	
<p>Meeting concluded</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		<p>15:15hrs</p>

Governing Body Meeting in Public Draft Minutes

Date: Thursday 6th July 2017, 13:05hrs to 15:15hrs,
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

No	Item	Action
GB17/108	<p>Action Points from Previous Meetings</p> <p><u>17/111: May 2017</u></p> <p><u>17/81: Joint Commissioning of Primary Medical Care: Terms of Reference</u></p> <p>The members approved the terms of reference subject to clarification of:</p> <ul style="list-style-type: none"> - GP Clinical Lead duplicated on page 103 - Clarity needed on the lay membership and position (page 103/104) - Consideration to be given to Practice management membership and terms of reference to be amended to reflect the outcome of the decision <p><i>Update</i></p> <p><i>Clarification was needed on whether the actions had been undertaken. However, it was asked to be noted that a decision had been taken not to proceed to a fully delegated committee at this time.</i></p>	JL
GB17/109	<p>Chief Officer Report</p> <p>16. <u>Additional Social Care Funding</u></p> <p>The members were asked to note the additional funding being made available to councils in order to meet unmet adult social care needs, support local authorities to pay increases in adult social care packages and improve the performance of delayed discharges from hospitals.</p> <p>A concern was raised in relation to support available for those patients being admitted for social reasons. PC was asked to list his concerns and speak with MMcD outside of the meeting.</p>	PC & MMcD
GB17/110	<p>Integrated Performance Report</p> <p>Unplanned Care: Mortality Data</p> <p>The members discussed the data time period for mortality and noted that more recent data was discussed at the Mortality Group. It was requested that this information be included in the Integrated Performance Report.</p> <p>Community Health Services: Paediatric Speech and Language Services</p> <p>The delays and long waiters in Paediatric SALT were highlighted. The members requested further investigation into the issues. It was recognised that the service was in a transition period to Alder Hey, however the issues needed to be discussed with the new provider. PC offered assistance.</p> <p>Quality: MRSA</p> <p>The members discussed MRSA and the almost certain inevitability of instances</p>	<p>Becky Williams</p> <p>PC and Becky Williams</p>

No	Item	Action
	<p>occurring. It was questioned whether there were any examples of trusts that didn't get MRSA cases. DCF offered to take this back to the IPC leads and the Cheshire and Merseyside Network; the members were briefed on the processes in place for managing MRSA instances and the work with the Cheshire and Merseyside network to ensure continued learning.</p>	DCF
GB17/111	<p>Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton, Southport & Formby and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan</p> <p>Page 113 of the meeting pack lists the provider organisations within the scope of the North Mersey Hospital Transformation Programme. Clarification was needed on whether Mersey Care should be included.</p> <p>Reference was made to page 114 of the meeting pack, second sentence of the second paragraph; 'Whilst the current proposal....'. The members were informed of a discussion held at a Senior Leadership Team meeting where it had been proposed that such should be removed as was considered that it could take the joint committee outside of its 'hospital services' remit. The members agreed the proposal and removal of the sentence.</p> <p>Discussion was had in relation to the membership of the Joint Committee (item 4.) and whether a Practice Manager member could be considered but in a non-voting role. It was clarified that this could be considered if the committee is established.</p> <p>The members referred to item 5.0 where it stated that the standing orders of NHS Liverpool CCG were to be applied and questioned whether they were comparable with South Sefton CCG. MMcD to review.</p> <p>Reference was made to:</p> <ul style="list-style-type: none"> - page 115, item 6. Last sentence to read...delegated responsibilities for hospital reconfiguration should.... - page 121, second paragraph and in relation to no person acting in more than one role. This was highlighted as having possible implications for South Sefton and Southport & Formby CCGs given the joint positions of some of the governing body members. - page 122, item 9, penultimate paragraph. The sentence needed to be made clear that any sub groups and working groups established needed to be in relation to hospital redesign, as per the remit of the committee. <p>The members discussed the six months withdrawal period identified in item 14.0. The instruction could result in a notice period of up to eighteen months. It was agreed that the timeframe and instruction needed to be reviewed.</p> <p>An additional 'Dissolution' paragraph to be added as item 15.</p> <p>The members agreed that any proposed changes to the Terms of Reference at any time, should have prior approval by each CCG and that this should be clear in the Terms of Reference.</p> <p>RESOLUTION</p> <p>The governing body:</p> <p>Approved the Terms of Reference subject to:</p> <ol style="list-style-type: none"> a. Consideration of Mersey Care within the scope of the providers b. Removal of the sentence on page 114 c. Clarification regarding the Liverpool CCG Standing Orders (item 5) 	<p>TJ</p> <p>TJ</p> <p>MMcD</p> <p>TJ</p> <p>TJ</p> <p>TJ</p> <p>TJ</p> <p>TJ</p> <p>TJ</p> <p>FLT/TJ/ MMcD</p>

No	Item	Action
	<ul style="list-style-type: none">d. Clarification of the withdrawal period and instruction (item 14)e. Wording to be added to items 6 and 9.f. Additional 'Dissolution' paragraph to be added as item 15.g. Any proposed changes to the Terms of Reference should have prior approval by each CCG	

Draft

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/143	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7069
Report date: September 2017	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives (<i>x those that apply</i>)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body September 2017

To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.

1. QIPP Update

QIPP remains a key priority for the CCG and the team continue to focus their efforts on delivery. With a view to ensuring that there is continued and sustained focus on QIPP, the programme lead implemented “QIPP week” that ran during week commencing 21st August. The format differed from that held during May but provided an opportunity for relevant leads to review existing plans, identify any risks to delivery, to assess and review the capacity to deliver QIPP as well as ensuring that business meetings of the CCG are supported by appropriate work plans to further support delivery of QIPP.

The outputs of QIPP week will form the basis of a further facilitated session during September that will examine the CCGs commissioning intentions for the coming years and to ensure that QIPP schemes are properly reflected in relevant contracts.

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the ‘Forward View’, underpinned by transformation through the agreed strategic blueprints and programmes as part of the North Mersey LDS.

2. Cheshire & Merseyside Five Year Forward View / North Mersey Local Delivery System

Louise Shepherd, Chief Executive of Alder Hey FT and STP lead, wrote to Cheshire and Merseyside Five Year Forward View members on 30th June setting out the changes to the leadership arrangements of the STP.

Andrew Gibson has been identified by NHSE to take on the role of Executive Chair and will have overall responsibility to NHSE and NHSI for the STP. Andrew has held a long standing successful NHS career including holding Chief Executive roles in both commissioning and provider organisations and will be able to bring an objective external perspective to the task.

Louise on behalf of all members thanked Neil Large, the current STP Chair and Chair of Liverpool Heart and Chest Foundation Trust for his leadership in fulfilling the role.

STP Lead

The National “Next Steps” guidance issued in March requires the system to make a formal appointment of an STP Lead who can act on Andrew and the System Leadership’s behalf to drive forward the agreed agenda. Louise confirmed that she has taken the decision not to put herself forward for as a candidate for this role.

Richard Barker and Lynn Simpson, Regional Directors (North) of NHSE and NHSI respectively, wrote to the CCG on 21st August that following an interview process, Mel Pickup, Chief Executive

of Warrington and Halton FT has been appointed into the role on an initial 12 month secondment. Mel will be sharing her duties as the STP lead alongside her current role.

To ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures.

3. NHS England 2017/18 Improvement and Assessment Framework (IAF) Process

NHS England has announced a change to the process for 2017/18 with focus moving from individual CCG performance to local delivery system (LDS) overall performance. The CCG will therefore be in attendance with Southport and Formby, Liverpool and Knowsley CCG's to discuss elements within the IAF process for 2017/18 and other key issues including,

- Progress in establishment of Joint Committees;
- Development of Accountable Care Systems (ACS)
- LDS - Key operational issues;
- NHS Constitutional Standards delivery.

The first meeting is planned for 6th September 2017.

4. Joint Local Area Special Educational Needs and Disability (SEND) Inspection in Sefton

NHS South Sefton CCG and NHS Southport and Formby CCG have been working with Sefton Council to submit a written statement of action in July 2017 following an earlier inspection of special educational needs and disability services (SEND). The action plan within the statement has been agreed by OfSTED and the CQC and can be found on each CCG website.

The first monitoring meeting has taken place in August 2017 with the DfE and NHSE with feedback received indicating positive progress being made with amber / green RAG ratings reported against the five work streams.

5. Southport & Ormskirk Hospitals NHS Trust Paediatric & Neonatal Mortality Review Task & Finish Group

Southport & Ormskirk Hospitals NHS Trust have established a Paediatric & Neonatal Mortality Review Task & Finish Group following the identification of several incidents that the Trust wished to review. The Chief Nurse / Deputy Chief Nurse and the Southport & Formby CCG Clinical Chair are included in the membership. NHS England, NHS Improvement and the CQC have been informed about the establishment and the rationale for this Task & Finish Group. It was also discussed at the last S&O Executive Improvement Board.

6. Continuing Health Care – ADAM Dynamic Purchasing System

The ADAM Dynamic Purchasing System (DPS) to support the commissioning of individual packages of care was introduced at the beginning of May 2017. Since that time, the Quality and Finance Teams within the CCGs have expressed significant concerns that are in the process of being addressed by Midlands & Lancashire Commissioning Support Unit – these are in relation to patient experience (particularly in End of Life patients) and finance. Concerns have been placed on the CCGs' Corporate Risk Register.

The Chief Nurse has instructed CSU to temporarily suspend the use of the DPS system for End of Life patients and to revert back to the previous brokerage system and the Chief Finance Officer has written to CSU regarding assurance levels within the process. Weekly progress reports are now being received by the CCGs and a Director level meeting was held on 16th August to develop a rectification plan.

7. Liverpool Community Health NHS Trust – CCG Lessons Learnt

As part of the CCGs' proactive approach to lessons learnt following the review of services at Liverpool Community Health. For the purposes of internal assurance, the South Sefton CCG Clinical Vice Chair has attended a recent Mersey Care Community Contract Review Meeting/Clinical Quality & Performance Meeting to observe the management of the meeting and the relevant teams in operation – further meetings have been scheduled for the Clinical Vice Chair to attend.

8. Aintree University Hospitals NHS Foundation Trust (AUH) – Quality & Performance Concerns

Concerns are emerging regarding areas of performance at AUH in a number of areas and the impact on quality. The AUH Collaborative Commissioning Forum in August 2017 discussed these emerging concerns with the CQC and NHS Improvement in attendance. The issues discussed were raised at the NHSE C&M Quality Surveillance Group by the CCG team in accordance with the NHS England quality surveillance process. Commissioners are working collaboratively to inform any decision that may be necessary regarding increasing the current quality surveillance level of the Trust.

9. NHS England Continuing Healthcare Assurance Tool (CHAT)

CHAT incorporates NHS England's Quality Assurance Guidance in a single on-line tool. It is intended to provide the easiest way for CCGs, CSUs and their partners to organise the required evidence and assurances and give visibility of the current self-assessed compliance position. There are periodical reviews of the evidence by NHS England, with the ability to create collaborative action plans to drive quality improvement and ensure that the required standards are being met.

The CCGs have had their evidence meeting and were represented by the CSU. The Deputy Chief Nurse has had a discussion with the NHSE lead and the CCGs will be submitting further evidence by the end of August 2017.

10. Gram-Negative Blood Stream Infections (GNBSI)

The Secretary of State for Health has launched an ambition to reduce healthcare associated GNBSI by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. The initial focus is on reducing E-coli bloodstream infections because they represent 55% of all GNBSI.

The CCG is required to develop a GNBSI Reduction Plan by September 2017. The CCG has established a GNBSI Reduction Steering Group across the local health economy which included representation from West Lancashire and Liverpool. It is envisaged that this Steering Group will drive forward the reduction plan and facilitate closer collaborative working across the STP / LDS footprint.

GNBSI has been and will continue to be discussed at the CQPG and the CCG has returned necessary information regarding executive leadership both within the CCG and local providers, confirmation of the development of the reduction plan and necessary data capture. There has been some concerns expressed regarding the CCGs holding patient identifiable data in order to deliver on the requirements set out in parts of this ambition and CSU is working with CCGs to find a solution to ensure deliverability against such elements of the ambition/plan.

11. Public Consultation on Single Orthopaedic Service for Liverpool Hospitals / North Mersey Local Delivery System (LDS)

The public consultation relating to the future delivery of orthopaedic services across the North Mersey LDS remains open until 15th September 2017. The CCG is planning to formally respond to the consultation and has received views from clinical leads for services that may be affected by the proposals. Governing Body members are asked to provide views to the Chair and Clinical Vice-Chair by September 8th. The final response will be approved by the CCG Senior Leadership Team.

To support Primary Care development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

12. Updates on Hightown Surgery

A Task and Finish Group was convened in relation to Hightown Village Surgery, which included a 6 week patient listening exercise. Following completion of the listening exercise NHS England (Cheshire & Merseyside) and NHS South Sefton CCG submitted a report to Sefton Council's Health Overview and Scrutiny Committee in June 2017.

NHSE and South Sefton CCG are working with The North of England Commissioning Support Unit to develop procurement documentation to attract potential bidders who have the capability, capacity and evidenced ambition to deliver a range of services to the practice's patients.

To advance integration of in-hospital and community services in support of the CCG locality model of care.

13. Community Services Update

South Sefton Community Services transitioned to the new provider, Mersey Care NHS Foundation Trust, on 1st June 2017. The Trust has focused a substantial amount of work on determining the quality and effectiveness of services to help identify potential areas for service redesign. The Trust is actively engaging with GP practices to build productive working relationships to enable the delivery of better care to patients.

The Mersey Care team have engaged with stakeholders via Wider Group and Big Chat events and, in collaboration with North West Boroughs, the sub contracted provider of Litherland Walk in Centre, engaged with local service users via Sefton Healthwatch.

Mersey Care, in collaboration with Aintree Hospitals, Sefton CCG's and Sefton Local Authority, are proactively working towards operational delivery of the Integrated Community Reablement Assessment Service (ICRAS) by 2nd October 2017.

To advance the integration of Health & Social Care through collaborative working with Sefton Metropolitan Council, supported by the Health & Wellbeing Board.

14. Joint Committees

The CCG continues to support the development of a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, that will potentially have the authority to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.

The proposals do have support in principle and the relevant Chief Officers have now been asked for any final comments following which the final versions will be submitted to Governing Bodies for approval.

15. Community Equipment

The CCG are working collaboratively with Sefton Council and community providers on a review of Community Equipment, which has coincided with the transaction process for a new community provider in South Sefton. The Council are undertaking an engagement exercise relating to equipment relevant to the social care aspects of the review to further inform the work. Details of the review and any recommendations will be presented to the Governing Body in November 2017.

16. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
September 2017

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/144	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071						
Report date: September 2017							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: The QIPP Plan and QIPP performance dashboard provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the following domains: planned care, medicines optimisation, CHC/FNC, discretionary spend, urgent care, Shaping Sefton and other.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
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Links to Corporate Objectives *(x those that apply)*

x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.

	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	Y			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement and scrutiny. Key schemes have identified clinical leads.
Equality Impact Assessment	Y			All relevant schemes in the QIPP plans have been subject to EIA.
Legal Advice Sought				
Resource Implications Considered	Y			The Joint QIPP Committee considers the resource implications of all schemes.
Locality Engagement	Y			The Chief Integration Officer is working with localities to ensure that key existing and new QIPP schemes are aligned to locality work programmes.
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 22 nd August 2017.

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

South Sefton CCG QIPP: July 2017 (Month 4)

Total QIPP Plan – 2017/18

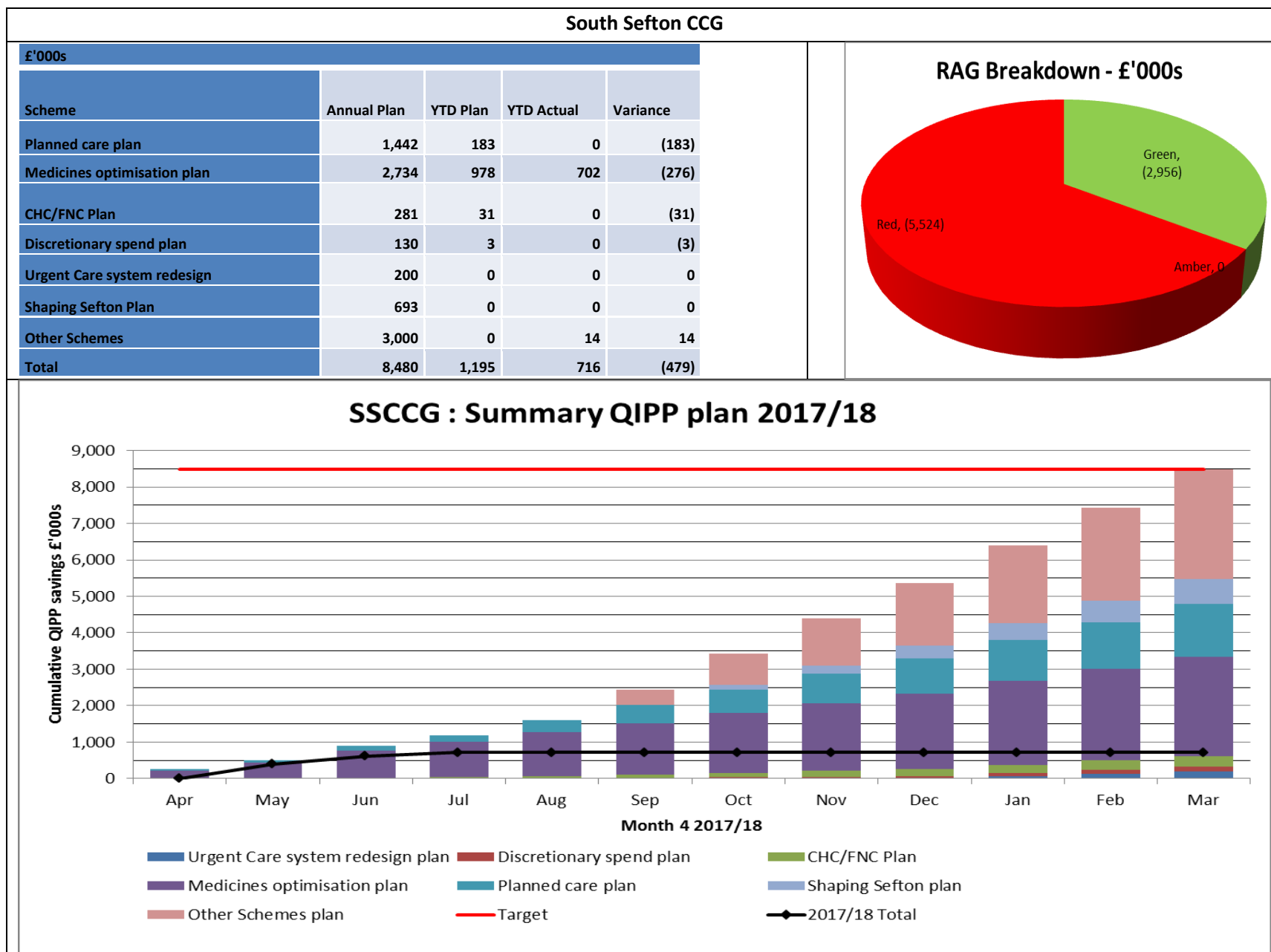
	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,604	0	130	2,734
CHC/FNC plan	281	0	281	281	0	0	281
Discretionary spend plan	100	30	130	30	0	100	130
Urgent Care system redesign plan	200	0	200	0	0	200	200
Shaping Sefton Plan	693	0	693	0	0	693	693
Other Schemes Plan	2,700	300	3,000	0	0	3,000	3,000
Total QIPP Plan	8,150	330	8,480	2,956	0	5,524	8,480
QIPP Delivered 2017/18				(716)	0	0	(716)

SOUTH SEFTON CCG				
	Recurrent	Non-Rec	Total	RAG rating
Opening QIPP Target	9,346	4,651	13,997	
QIPP Phase 1:				
Reduce 1% Surplus	(2,400)		(2,400)	
Care at the Chemist	(100)		(100)	
National Policy Pressures	(490)		(490)	
CNST Cost pressure	(954)		(954)	
0.5% Non-rec reserve	(1,234)		(1,234)	
QIPP Phase 2:				
Transformation Fund	(2,030)		(2,030)	
Third Sector	(189)		(189)	
CVS investment	(720)		(720)	
HRG4+ Adjustment - Cost Pressure	1,300		1,300	
Community Contract	800	500	1,300	
Revised Target	3,329	5,151	8,480	
SCHEME 1: ELECTIVE CARE PATHWAYS				
Right Care - MCAS	(300)		(300)	R
Right Care - Neurology	(80)		(80)	R
Right Care - Gastro	(142)		(142)	R
Right Care - Urology	(310)		(310)	R
Right Care - Respiratory	(186)		(186)	R
Cataract Policy	(25)		(25)	R
Referral Optimisation Support Service (ROSS)	(100)		(100)	R
Pain Management	0		0	R
Health Optimisation Scheme - BMI & Smoking	(258)		(258)	R
Mersey Care DISH Patient	(41)		(41)	G
Sub-Total - Scheme 1: ELECTIVE CARE PATHWAYS	(1,442)	0	(1,442)	

SCHEME 2: MEDICINES OPTIMISATION				
Individual Patient Reviews	(248)		(248)	G
Pregabalin - IPR Savings	(298)		(298)	G
RightCare - Respiratory - IPR Savings	(443)		(443)	G
Blood Glucose Variance to previous FY	(42)		(42)	G
Rebates	(220)		(220)	G
Optimise Savings/Avoidance (Actuals)	(53)		(53)	G
Gluten Free Spend	(100)		(100)	R
Focus on reduced waste (repeat prescribing)	(1,200)		(1,200)	G
High Cost Drugs and Biosimilars	0		0	G
Care at the Chemist (Self Care)	(100)		(100)	G
Continence (via S&O Contract Spend)	(30)		(30)	R
Sub-Total - Scheme 2: MEDICINES OPTIMISATION	(2,734)	0	(2,734)	
SCHEME 3: CHC / FNC				
Linking Broad Care system to Exeter (Spine)	(149)		(149)	G
Implementation of ADAM procurement system (net savings)	(132)		(132)	G
Sub-Total - Scheme 3: CHC / FNC	(281)	0	(281)	
SCHEME 4: DISCRETIONARY EXPENDITURE				
Estates	(100)		(100)	R
Running cost reductions		(30)	(30)	G
Sub-Total - Scheme 4: Discretionary Expenditure	(100)	(30)	(130)	

SCHEME 5: Non Elective/System Opportunities				
GP Streaming - AVS/ATT	(200)		(200)	R
Sub Total SCHEME 5: Non Elective/System Opportunities	(200)	0	(200)	
SCHEME 6: Shaping Sefton Programmes				
CVD and stroke	(120)		(120)	R
Mental Health	(100)		(100)	R
Cancer	(50)		(50)	R
Primary care	(50)		(50)	R
Intermediate Care	(100)		(100)	R
Diabetes	(100)		(100)	R
End of Life	(100)		(100)	R
Children's	(73)		(73)	R
Sub Total SCHEME 6: Shaping Sefton Programmes	(693)	0	(693)	
SCHEME 7: Other Potential Schemes				
Contract Challenges	0	(300)	(300)	R
Strengthening Commissioning for the Future	(100)		(100)	R
Other Schemes	(2,600)		(2,600)	R
Sub Total SCHEME 7: Other Potential Schemes	(2,700)	(300)	(3,000)	
Total All Schemes	(8,150)	(330)	(8,480)	

QIPP DASHBOARD – SUMMARY SOUTH SEFTON CCG AT MONTH 4



QIPP DASHBOARD SSCCG – Detail by scheme

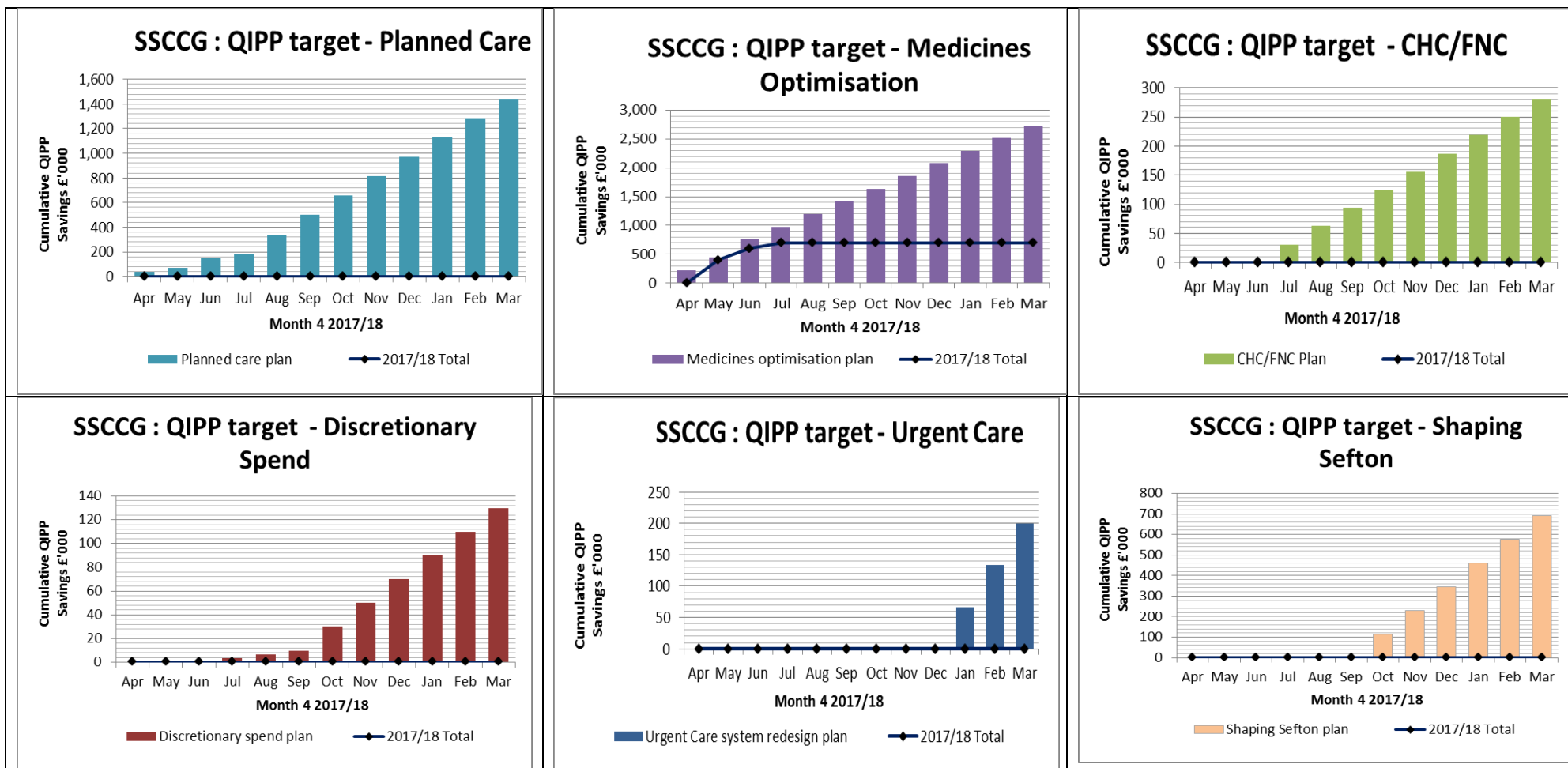
Planned care	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Cataract Policy	2	0	(2)	●	8	0	(8)	●
Right Care - MCAS	8	0	(8)	●	100	0	(100)	●
Right Care - Neurology	0	0	0	●	0	0	0	●
Right Care - Gastro	0	0	0	●	0	0	0	●
Right Care - Urology	0	0	0	●	0	0	0	●
Right Care - Respiratory	35	0	(35)	●	0	0	0	●
Referral Optimisation Support Service (ROSS)	0	0	0	●	33	0	(33)	●
Pain Management	0	0	0	●	0	0	0	●
Health Optimisation Scheme - BMI & Smoking	0	0	0	●	0	0	0	●
Mersey Care DISH Patient	0	0	0	●	41	0	(41)	●
Total	46	0	(46)		183	0	(183)	
Medicines optimisation	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Individual Patient Reviews	21	0	(21)	●	83	63	(20)	●
Pregabalin - IPR Savings	25	0	(25)	●	99	25	(74)	●
RightCare - Respiratory - IPR Savings	37	0	(37)	●	148	36	(112)	●
Blood Glucose Variance to previous FY	4	0	(4)	●	14	0	(14)	●
Rebates	18	0	(18)	●	73	76	3	●
Optimise Savings/Avoidance (Actuals)	4	0	(4)	●	18	100	82	●
Gluten Free Spend	8	0	(8)	●	33	0	(33)	●
Focus on reduced waste (repeat prescribing)	100	102	2	●	400	402	2	●
High Cost Drugs and Biosimilars	0	0	0	●	0	0	0	●
Care at the Chemist (Self Care)	0	0	0	●	100	0	(100)	●
Continence (via S&O Contract Spend)	3	0	(3)	●	10	0	(10)	●
Total	220	102	(118)		978	702	(276)	

QIPP DASHBOARD SSCCG – Detail by scheme

	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Individual packages of care								
Linking Broad Care system to Exeter (Spine)	17	0	(17)	●	17	0	(17)	●
Implementation of ADAM procurement system (net savings)	15	0	(15)	●	15	0	(15)	●
Total	31	0	(31)		31	0	(31)	
Discretionary spend								
Estates	0	0	0	●	0	0	0	●
Running cost reductions	3	0	(3)	●	3	0	(3)	●
Total	3	0	(3)		3	0	(3)	
Urgent care system redesign								
GP Streaming - AVS/ATT	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	
Shaping Sefton								
CVD and stroke	0	0	0	●	0	0	0	●
Mental Health	0	0	0	●	0	0	0	●
Cancer	0	0	0	●	0	0	0	●
Primary care	0	0	0	●	0	0	0	●
Intermediate Care	0	0	0	●	0	0	0	●
Diabetes	0	0	0	●	0	0	0	●
End of Life	0	0	0	●	0	0	0	●
Children's	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	

QIPP DASHBOARD SSCCG – Detail by scheme

Other Schemes	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Contract Challenges	0	0	0	●	0	0	0	●
Strengthening Commissioning for the Future	0	0	0	●	0	0	0	●
Other Schemes	0	0	0	●	0	14	14	●
Total	0	0	0		0	14	14	



MEETING OF THE GOVERNING BODY SEPTEMBER 2017							
Agenda Item: 17/145	Author of the Paper: Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7000						
Report date: August 2017							
Title: South Sefton Clinical Commissioning Group Integrated Performance Report							
Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source)							
Recommendation The Governing Body is asked to receive this report.	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	

Links to National Outcomes Framework (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 3 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)	Red	Aintree
Ambulance Category A Calls (Red 1)	Green	NWAS
Cancer 2 Week GP Referral	Red	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	Aintree
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Red	NWAS
Cancer 14 Day Breast Symptom	Red	Aintree
Cancer 31 Day First Treatment	Green	Aintree
Cancer 31 Day Subsequent - Drug	Green	Aintree
Cancer 31 Day Subsequent - Surgery	Green	Aintree
Cancer 31 Day Subsequent - Radiotherapy	Green	Aintree
Cancer 62 Day Standard	Red	Aintree
Cancer 62 Day Screening	Green	Aintree
Cancer 62 Day Consultant Upgrade	Green	Aintree
Diagnostic Test Waiting Time	Red	Aintree
Early Intervention in Psychosis (EIP)	Green	
HCAI - C.Difficile	Green	Aintree
HCAI - MRSA	Red	Aintree
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
Mixed Sex Accommodation	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Green	Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree
NHS E-Referral Service Utilisation	Red	

Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

The QIPP savings requirement to deliver the agreed financial plan is £8.480m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. The plan is at final review stage and will be managed by the QIPP Committee. As at Month 4, £0.716m QIPP savings have been achieved.

The forecast financial position is breakeven. This position assumes that the QIPP plans will be delivered in full but it must be noted that significant risk exists in terms of delivering these plans.

Planned Care

Local referrals data from our main providers shows that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals occurred in April 2017 followed by an increase in May 2017. Activity in June 2017 was then comparable to the previous month. GP referrals in 2017/18 to date are 9.3% down on the equivalent period in the previous year. Consultant-to-consultant referrals are currently 2.4% higher than in the first quarter of 2016/17.

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. The latest data (June) for E-referral Utilisation rates reported is 21%; a 1% increase from the previous month.

In June the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2661 patients 108 waited over 6 weeks with 14 waiting over 13 weeks recording 4.05%. The majority of long waiters were for Gastroscopy (51). Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in June recording 3.91%, out of 5185 patients 203 waited over 6 weeks and 13 over 13 weeks, 104 waiting for gastroscopy. Endoscopy is still experiencing considerable pressure resulting in extensive additional activity issues in order to meet the Trust 2 week wait cancer pathways. This has made it difficult to support non-urgent 6 week performance targets. The Trust has an action plan in place.

The CCG are failing 3 of the 9 cancer measures year to date. Including both 2 week measures, the 2 week wait recorded in June 83% (89.91% year to date) 2 week breast recorded 84.42% (87.96% year to date). The CCG achieved 62 day standard recording 85.71% in June but are failing year to date recording 84.34% against the 85% plan. Aintree failed 3 of the 9 cancer measures year to date. Firstly also 2 week breast in June recording 84.95% and year to date 88.98%, 62 day screening due to the previous month's breach year to date recording 85.71% and lastly the 62 day standard, although in month they achieved 85.7% year to date are failing recording 84.46%. The Trust has actions in place to improve performance.

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target for June at 17.9%. The proportion of patients who would recommend is the same as last month recording 95% (England average 96%) the proportion

who would not recommend is also the same as last month at 2%, which is also higher than the England average of 1%.

Performance at Month 3 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show a slight under performance of £31k/0.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £130k/1.1%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. The possibility of expanding PHB's for patients at the end of life and fast track is being explored. A critical element would be the ability to expedite payment via alternative payments systems other than SBS.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 91% June plan agreed with NHS Improvement recording performance 78.42% (T1 and T3) in June 2017 representing a -0.36% decline compared to May 2017. There was also a decline in performance noted across 2 out of the 5 AED clinical quality indicators.

At both a regional and county level, NWAS failed to achieve any of the response time targets. With the significant dip in performance around national ambulance targets the CCG are working with all partners to improve performance against these targets. NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year.

June 2017 saw a slight reduction in the number of 111 calls made by South Sefton patients from 2,025 in May to 1,878 in June, a reduction of 7.3%. There has also been a reduction when compared to June 2016, from 1,928.

The number of calls from South Sefton patients to the GP OOH service has fallen in June 2017 to 935, a reduction of 7.9% since May. When compared to the same point in the previous year there have been 12.7% fewer calls. This is still on trend since the baseline shifted in February 2016. GP OOH calls from nursing homes within South Sefton have increased for the fourth consecutive month to 73, by 23.7%, from May. June 17 has the highest number of Nursing home contacts since May 2015.

In June Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 60.5%. This is a decline from the previous month when the Trust recorded 64.1%. Out of a total of 38 patients only 23 spent more than 90% of their stay on a stroke unit the standard was not reached for 15 patients. The Trust continues to achieve the TIA measure.

The CCG and Aintree both achieved their C.difficile plans for June. The CCG and Aintree recorded one new of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18. There has been a target set for CCGs for E.coli for 2017/18 which is 142, this is being monitored and now reported.

There are a total of 77 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 77, 37 are applicable to LCH, 23 for Mersey Care NHS Foundation Trust and 6 for Aintree University NHS Foundation Trust (UHA).

DTOC – The average number of delays per day in Aintree hospital increased in June (40), 28 reported in May. Of the 40, 20 were patient or family choice (50%), 11 were awaiting further NHS non-acute care (27.5%), 6 was awaiting care package in own home (15%) and 2 completion assessment (5%). Analysis of average delays in June 2017 compared to June 2016 shows a reduction in the average number of patients, from 40 to 36 (11%).

Aintree University Hospital NHS Foundation Trust routinely achieves the Friends and Family response rate target way in excess of the regional and national response rates for A&E after a sharp decline in May when response rates were 11.8%; June has seen an improvement recording 16.4% back over the 15% target. The percentage of people that would recommend A&E is lower than the England average again reporting 84% in June, this being the same as last month. The not recommended percentage is at 10% in June which is slightly better than 11% recorded previous month.

Performance at Month 2 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£208k/-3%. This under-performance is clearly driven by Southport & Ormskirk and Aintree Hospitals reporting an under performance of £153k/29% and -£100k/-2% respectively.

Mental Health

The 3 Key Mental Health Performance Indicators are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported 328 South Sefton patients entering treatment in Month 3, which is a slight (2.5%) increase from the previous month when 320 were reported. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 16.8% for 2017/18 year end.

There were 426 Referrals in Month 3, which was an 8.7% increase compared to the previous month when there were 392. Of these, 70.7% were Self-referrals which is higher than the previous month (65.8%). GP Referrals saw an increase compared to the previous month with 86 compared to 73 for Month 2. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service. The percentage of people moved to recovery was 42.9% in Month 3, which is a slight decrease from 46.3% for the previous month, and failing to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve. Cancelled appointments by the provider saw an increase in Month 3 with 54 compared to 40 in Month 2.

The dementia diagnosis rate in June 2017 for NHS South Sefton CCG was 65.97% which is close to the national dementia diagnosis ambition of 67% and very slightly more than the previous month (65.52%). This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which is based on GP registered population instead of ONS population estimates.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and Waiting Times for Urgent and Routine Referrals to Children and Young Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 1 performance is anticipated for August's report.

Community Health Services

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards. Monthly joint contract and quality review meetings are now set up with appropriate CCG and Mersey Care Trust colleagues attending.

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18. For patient DNAs, Sefton Physio Service continues to report high rates with 17.9% in Jun-17. Adult Dietetics also continues to report high rates at 20.4% in Jun-17. Total DNA rates at Sefton are green for this month at 7.9%.

Treatment rooms, Podiatry, Physio and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for June 2017.

Paediatric SALT: In May 2017, 19 weeks was reported for incomplete pathways against the 18 week target. This is an improvement on last month. A total of 59 patients were waiting over 18 weeks, with the longest waiter at 29 weeks.

The CCG has new plans for Children Waiting More than 18 weeks for a Wheelchair for each quarter of 2017/18; the plans set out to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. The CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded for Q1.

Primary Care

Concept House has been inspected by the CQC and now 'require improvement' in 3 areas, when they were last inspected they were rated 'good' in all areas.

Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st July local areas are required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities must complete a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond. Quarter 4 data and year end assessments were released in July and are included in this report. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31st July 2017 (Month 4).

The year to date financial position is £0.250m deficit which is in line with the financial plan. The forecast financial position is breakeven, which assumes that the CCG will deliver the 2017/18 QIPP requirement in full. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery of the in-year position.

The cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

Cost pressures have emerged in the first four months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Overperformance at Spire and Ramsay hospitals
- Cost pressures for Continuing Healthcare Packages – work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System are being progressed.
- Intermediate Care and associated services.
- Part year costs for the Acute Visiting Scheme

The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk NHS Trust.

QIPP savings anticipated for the first four months of the financial year have not been delivered in full, therefore at this stage; the CCG is below its financial plan. This position is expected to improve as efficiencies generated through the QIPP programme begin to take effect. Another QIPP week is taking place late August 2017 to address the QIPP challenges facing the organisation.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✘
	0.5% Contingency Reserve	✔
	0.5% Non-Recurrent Reserve	✔
Breakeven	Financial Balance	✔

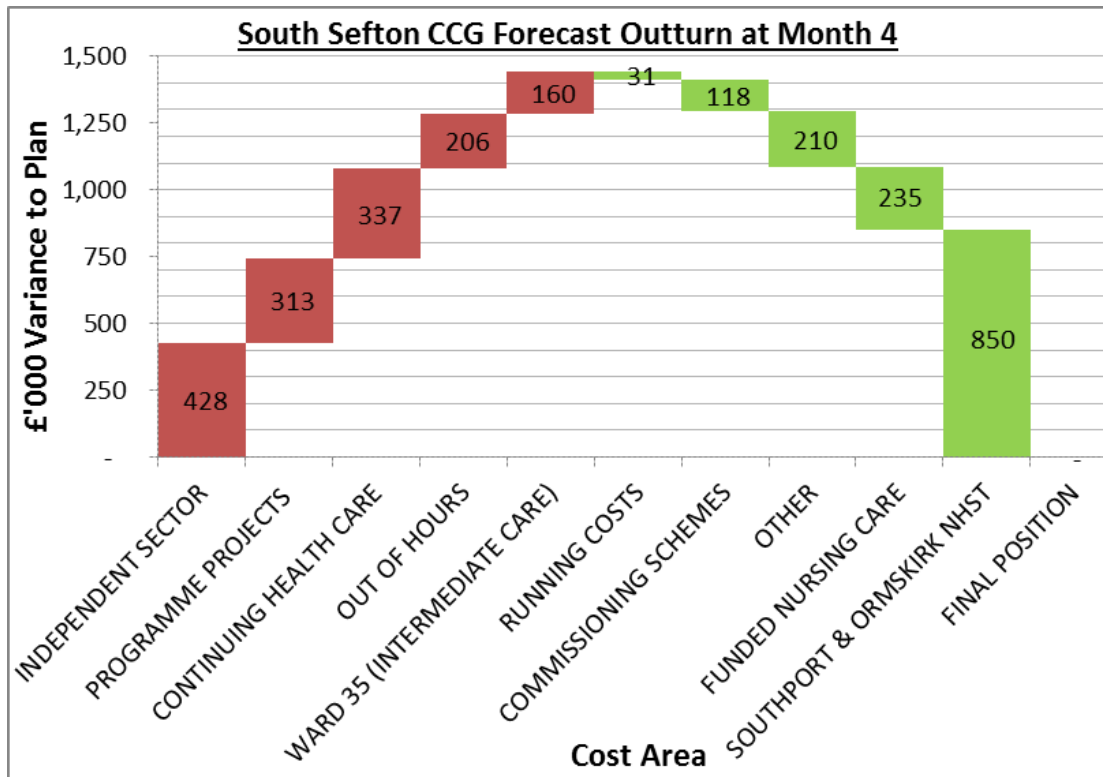
Key Performance Indicator		This Month
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.716m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.96%
	NHS – Volume YTD > 95%	94.67%
	Non NHS - Value YTD > 95%	97.84%
	Non NHS – Volume YTD > 95%	95.76%

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHS England.
- The current financial plan is to achieve a break even position in year; this is the best case scenario and is dependent on delivery of the QIPP plan of £8.480m in full.
- QIPP Delivery is £0.716m to date; this is £0.479m behind the planned delivery at Month 4.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.031m for 2017/18.
- BPPC targets have been achieved to date with the exception of NHS invoices by volume which is slightly below the 95% target.

2.2 CCG Financial Forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven based on delivery of the QIPP target in full.
- The main financial pressures relate to the Independent Sector, Continuing Healthcare, Programme Projects, Out of Hours and Intermediate Care costs.
- The forecast overspends relate to the following areas:
 - Overperformance at Spire and Ramsay hospitals
 - Cost pressures for Continuing Healthcare packages
 - Costs for referral management and prior approval services
 - Part year costs for the Acute Visiting Scheme (AVS)
 - Cost pressures from Intermediate Care (Ward 35)
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Trust.

2.3 Provider Expenditure Analysis – Acting as One

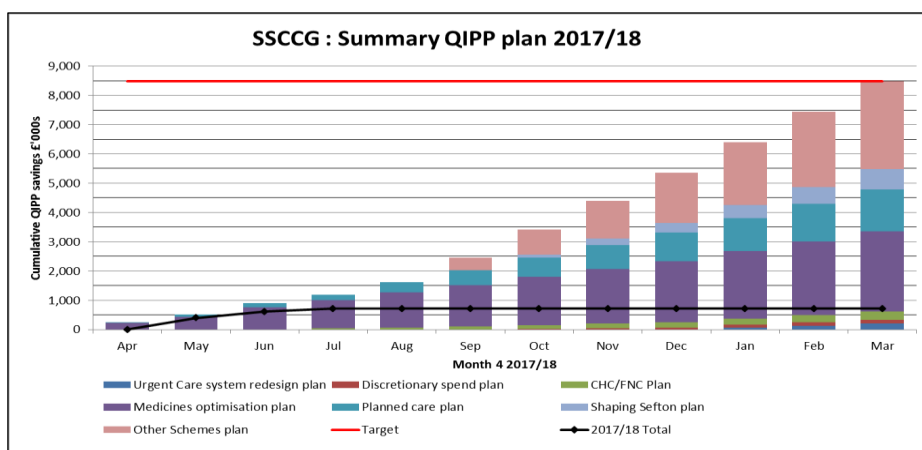
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.005
Alder Hey Children’s Hospital NHS Foundation Trust	£0.006
Liverpool Women’s NHS Foundation Trust	-£0.109
Liverpool Heart & Chest NHS Foundation Trust	£0.036
Royal Liverpool and Broadgreen NHS Trust	£0.022
Mersey Care NHS Foundation Trust	£0.000
Grand Total	-£0.040

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an underperformance spend against plan, this would represent a year to date underspend of £0.040m under usual contract arrangements.

2.4 QIPP

Figure 3 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,604	0	130	2,734
CHC/FNC plan	281	0	281	281	0	0	281
Discretionary spend plan	100	30	130	30	0	100	130
Urgent Care system redesign plan	200	0	200	0	0	200	200
Shaping Sefton Plan	693	0	693	0	0	693	693
Other Schemes Plan	2,700	300	3,000	0	0	3,000	3,000
Total QIPP Plan	8,150	330	8,480	2,956	0	5,524	8,480
QIPP Delivered 2017/18				(716)	0	0	(716)

- The 2017/18 identified QIPP plan is **£8.480m** (opening position). This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.
- The CCG has undertaken a significant work programme to update the 2017/18 QIPP plan and identify schemes in excess of the target. A revised QIPP plan will be presented to the Governing Body.
- The CCG has identified £0.716m QIPP savings at Month 4, the majority of this relates to savings within the prescribing budget in respect of reduced costs in the last two months of 2016/17 and further reduced costs in 2017/18.
- The risk rated QIPP demonstrates that although there are a significant number of schemes in place, further work is required to determine whether they can be delivered in full.
- The forecast QIPP delivery for the year is **£2.956m** which represents 100% of schemes rated Green and 50% of schemes rated Amber. A high proportion of the plan is rated red, work is required to provide assurance that further savings can be delivered.

2.5 Risk

Figure 4 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(3.329)	(5.151)	(8.480)
Revised surplus / (deficit)	(3.329)	(5.151)	(8.480)
Forecast Outturn (Operational budgets)	3.776	(4.144)	(0.368)
Reserves Budget	0.000	0.368	0.368
Management action plan			
QIPP Achieved	0.516	0.200	0.716
Remaining QIPP to be delivered	2.813	4.951	7.764
Total Management Action plan	3.329	5.151	8.480
Year End Surplus / (Deficit)	3.776	(3.776)	0.000

- The CCG forecast financial position is breakeven.
- The underlying position is a surplus of £3.776m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£8.480m**.

Figure 5 – Risk Adjusted Financial Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(7.764)	(7.920)	(8.120)
Predicted QIPP achievement	6.830	2.956	2.956
Forecast Surplus / (Deficit)	(0.934)	(4.964)	(5.164)
Further Risk	(1.100)	(1.100)	(1.100)
Management Action Plan	2.034	2.034	1.034
Risk adjusted Surplus / (Deficit)	0.000	(4.030)	(5.230)

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the remaining QIPP requirement will be delivered in full and further risks of £1.100m will be mitigated with additional management actions of £2.034m.

- The likely case is a deficit of **£4.030m** and assumes that QIPP delivery will be 100% of schemes rated Green and 50% of schemes rated Amber with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£5.230m** and assumes that only the QIPP schemes rated Green will be delivered and the management action plan will not be delivered in full.

2.6 CCG Cash Position

Figure 6 – Summary of working capital

	2015/16		2016/17		2017/18	
	M12	M12	M1	M2	M3	M4
	£000	£000	£000	£000	£000	£000
Non CA	28	14	14	14	14	14
Receivables	1,979	1,817	3,004	1,695	1,508	1,922
Cash	117	139	1,826	3,909	4,948	2,579
Payables & Provisions	(17,405)	(11,850)	(14,434)	(14,335)	(18,190)	(16,151)
Value of Debt > 180 days old (6 months)	26	76	75	75	75	74
BPPC (value)	99%	98%	100%	100%	100%	99%
BPPC (volume)	91%	96%	97%	96%	95%	93%

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £75k. This balance is predominantly made up of outstanding CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. This debt has been discussed and monitored at Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG's position.

- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £241.532m at Month 4. The actual cash utilised at Month 4 was £77.392m (32.04%) against a target of £80.511m (33.33%). Cash continues to be monitored daily by the finance team to ensure cash targets set by NHS England are met.
- BPPC has been steadily improving however following an internal audit review undertaken by MIAA it was identified that an internal monthly review of data from NHS Shared Business Services would be useful, this exercise has been implemented. An annual benchmarking against other CCGs across the North West area is to be undertaken in August 2017.

2.7 Recommendations

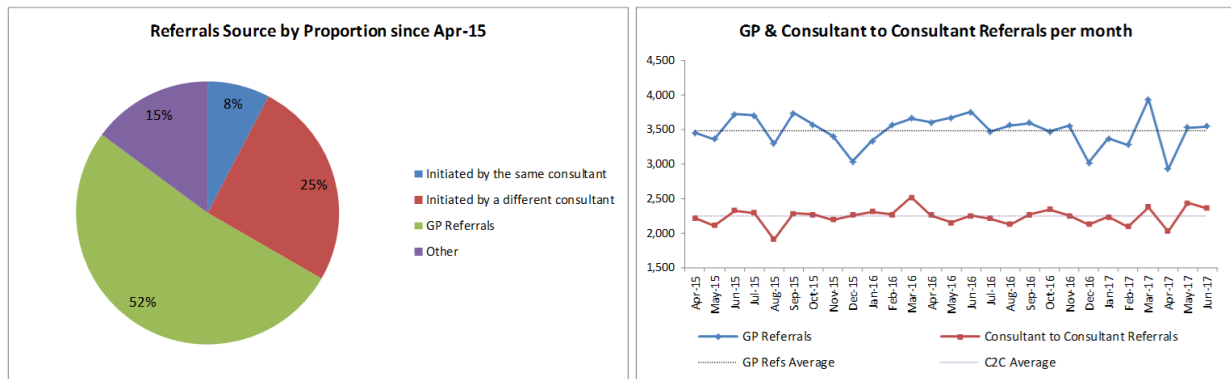
The Governing Body is asked to receive the finance update, noting that:

- The year to date financial position is £0.250m in deficit which is in line with the financial plan at this stage. The forecast position is breakeven, which assumes that the CCG will deliver the 2017/18 QIPP requirement in full. This represents the CCGs best case scenario. The CCGs likely case scenario forecasts a deficit after risks and mitigations of £4.030m.
- Year to date planned QIPP savings for the first four months of the financial year (£1.195m) have not been achieved, delivery at month 4 is £0.716m, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect. Another QIPP week is taking place in late August to address the QIPP challenges within the organisation.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide limited clinical benefit for patients.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCGs resources.

3. Planned Care

3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and 2017/18



GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	May-17	Jun-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,925	3,528	3,538	11,017	9,991	-1,026	-9.3%
GP Total			2,925	3,528	3,538	11,017	9,991	-1,026	-9.3%
Other	01	following an emergency admission	149	146	139	428	434	6	1.4%
	02	following a Domiciliary Consultation		3	3	0	6	6	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	420	425	377	1,275	1,222	-53	-4.2%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,151	1,503	1,466	3,866	4,120	254	6.6%
	06	self-referral	253	273	263	812	789	-23	-2.8%
	07	A Prosthetist		1		7	1	-6	-85.7%
	08	Royal Liverpool Code (TBC)	74	59	83	203	216	13	6.4%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	298	408	110	36.9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	187	221	224	794	632	-162	-20.4%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	19	12	-7	-36.8%
	13	A Specialist NURSE (Secondary Care)	7	5	3	12	15	3	25.0%
	14	An Allied Health Professional	131	212	164	446	507	61	13.7%
	15	An OPTOMETRIST	1	1	4	3	6	3	100.0%
	16	An Orthoptist		1		2	1	-1	0.0%
	17	A National Screening Programme	3	2	1	6	6	0	0.0%
	92	A GENERAL DENTAL PRACTITIONER	137	142	165	473	444	-29	-6.1%
	93	A Community Dental Service				1	0	-1	-100.0%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	333	344	1,032	925	-107	-10.4%	
Other Total			2,888	3,470	3,386	9,677	9,744	67	0.7%
Unknown			1		1	0	2	2	#DIV/0!
Grand Total			5,814	6,998	6,925	20,694	19,737	-957	-4.6%

A significant decrease in referrals occurred in April 2017 followed by an increase in May 2017 compared to the same months in the previous year. Activity in June 2017 was then comparable to the previous month. GP referrals in 2017/18 to date are 9.3% down on the equivalent period in the previous year. Consultant-to-consultant referrals are currently 2.4% higher than in the first quarter of 2016/17. This is being reviewed through the Information Sub Group for Aintree, and a Consultant to Consultant referral policy is set to be reviewed by the Clinical Liaison Forum in September which is chaired by the CCG Quality Lead GP.

A Referral Optimisation and Support System (ROSS) is being developed for South Sefton following engagement with members on approaches to elective demand management. Key workstreams include offer of Advice and Guidance services as an alternative to referral and promotion of pathways and protocols visible on the EMIS Clinical system through EMIS Protocols functionality.

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - June	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	21.00%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data (June) for E-referral Utilisation rates reported is 21%; a 1% increase from the previous month.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - June	1.00%	4.05%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - June	1.00%	3.91%	↓

In June the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2,661 patients 108 waited over 6 weeks with 14 waiting over 13 weeks recording 4.05%. The majority of long waiters were for Gastroscopy (51).

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in June recording 3.91%, out of 5185 patients 203 waited over 6 weeks and 13 over 13 weeks, 104 waiting for gastroscopy.

Endoscopy - Endoscopy is still experiencing considerable pressure resulting in extensive additional capacity issues in order to meet the Trusts 2ww cancer pathways. This has made it difficult to support the non-urgent 6 week performance targets. This performance position is consistent with reporting throughout Q1. Lack of endoscopists, nursing and admin due to vacancies, maternity leave and extensive sickness along with inability to back gaps has reduced capacity.

Proposed Actions:

- Additional WLI activity is planned to support recovery of the JAG performance. This is expected to continue to improve the position.
- A recovery plan has been developed, with short, medium and long term actions. Awaiting updated version of capacity and demand model across endoscopy services. DDU have supplied data set and awaiting BI completion.
- Interim plan – sourcing additional workforce capacity, monitor weekly and run additional sessions as required to meet demand.
- Unisoft Add In – training delayed by provider, due to complete by September.

Imaging - Radiology has experienced considerable increase in demand for Imaging (CT Cardiac, MRI Cardiac, MRI MSK and Ultrasound MSK). This demand is internally generated within the Trust as these tests are requested by consultants. Waiting times for MR have been affected by increase in demand for imaging of Inpatients and pressures from improving Inpatient flow through the Trust to reduce LOS.

Proposed Actions:

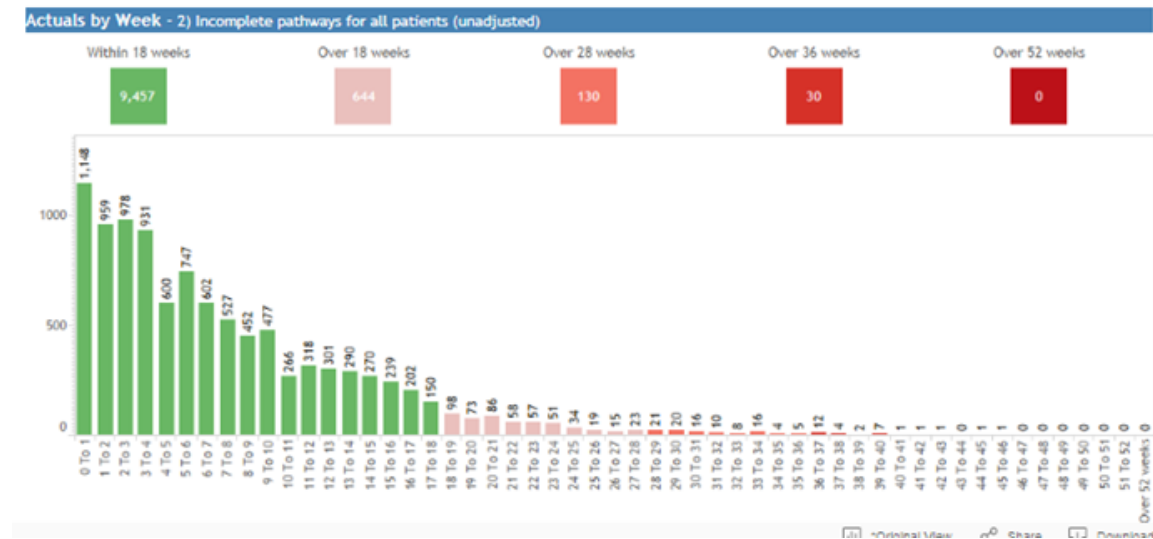
- Meeting with Clinical Director Cardiology to highlight increased demand / identify the need to manage demand/ Radiology to stop accepting referrals once capacity has been reached for CT and MR. Referrals of patients waiting over 6 weeks at the end of July to be returned to referrer.
- WLI throughout April – end of July to reduce Cardiac Imaging wait.
- Engagement of Mobile MR scanning service to complete routing scans, freeing up space for Cardiac imaging/MSK imaging. Use of mobile varies dependant on waiting times/number of patients who may potentially breach 6 week target.
- WLI's for Ultrasound MSK injections. Limited as small core group of Radiologists able to commit to. Requirement for WLIs identified at weekly performance meeting.
- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise the utilisation of capacity.
- Recruitment of MSK Specialist Radiologist.

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - June	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - June	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	17/18 - June	92%	93.62%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	17/18 - June	92%	93.2%	↔

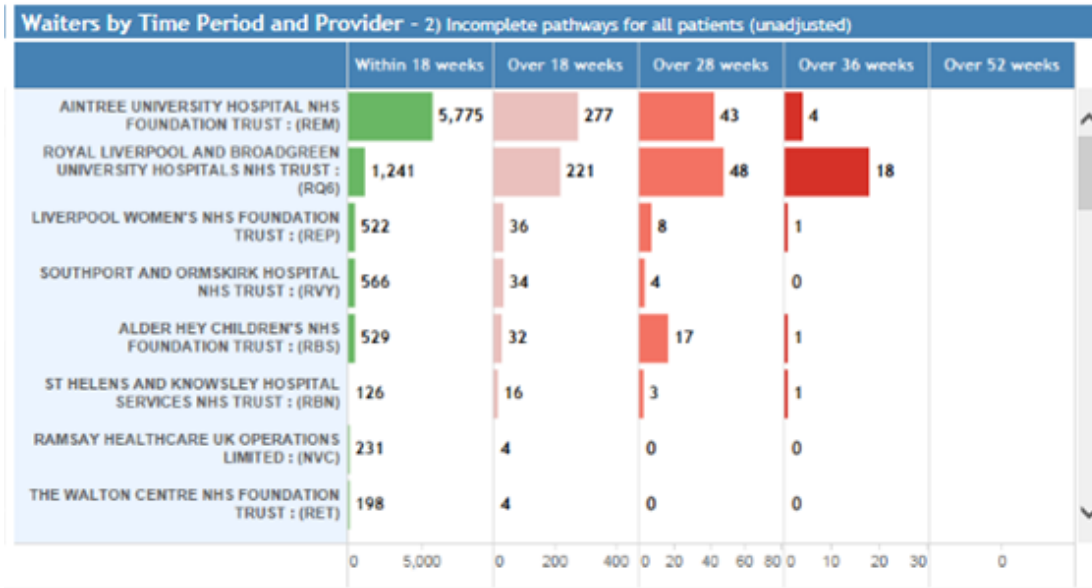
3.3.1 Incomplete Pathway Waiting Times

Figure 8 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 9 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 10 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust

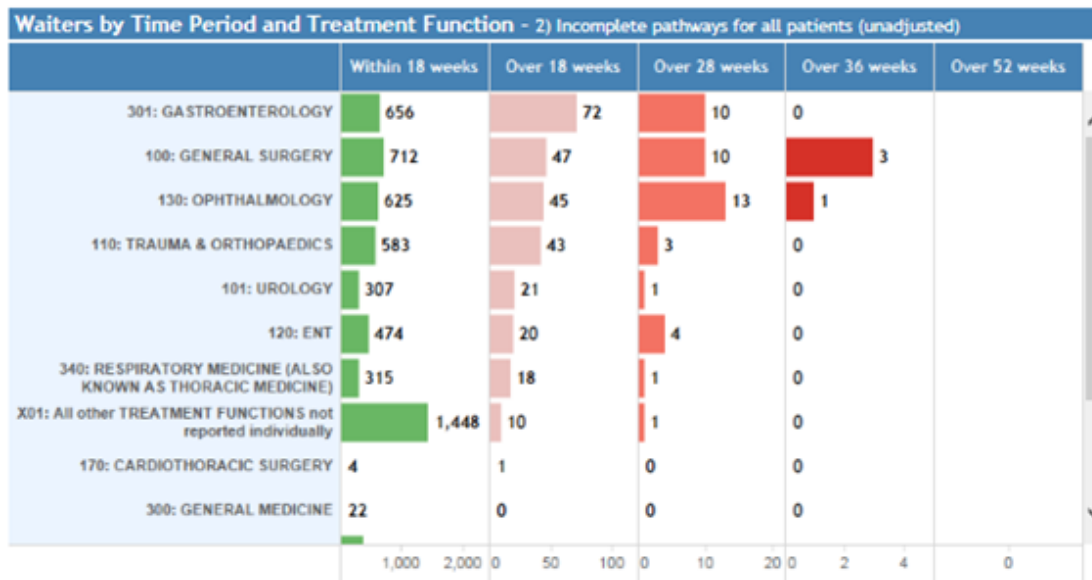
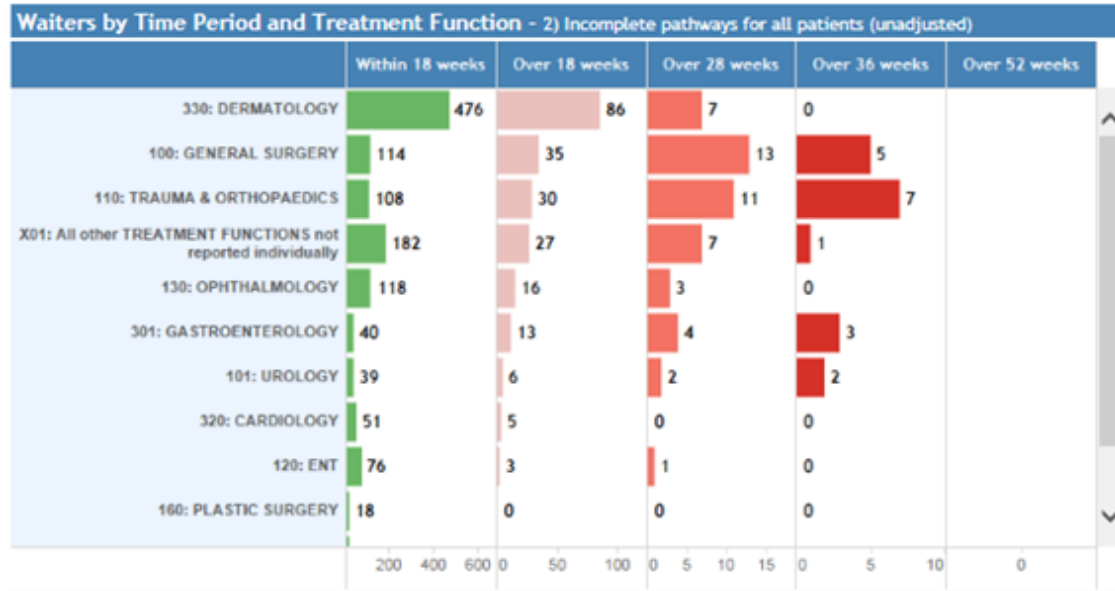


Figure 11 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Royal Liverpool	General Surgery	40	29/08/2017	Long Wait on Waiting List
Royal Liverpool	General Surgery	42	Pathway Stopped	Capacity
Royal Liverpool	T&O	41	07/08/2017	Long Wait on Waiting List
Royal Liverpool	Urology	44	Pathway Stopped	Capacity
Royal Liverpool	Gastroenterology	45	Pathway Stopped	Capacity

The Royal did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of June 2017, (87.22%). The issues remain the same as previously reported with regards to access to surgical beds. Services have been closed in other Trusts which is placing a higher demand on services. Challenges remain the same in General Surgery, Trauma & Orthopaedics, Ophthalmology, Oral Surgery, Urology, Dermatology, Gastroenterology, Cardiology and now the 'Other' category has failed the target for the first time due to Allergy performance continuing to drop significantly due to high demand and consultant shortages.

3.4 Cancelled Operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Aintree	17/18 - June	0	0	1 ↔

3.4.2 No urgent operation to be cancelled for a 2nd time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Aintree	17/18 - June	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - June	93%	89.91%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - June	93%	94.37%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - June	93%	87.96%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	17/18 - June	93%	88.98%	↓

The CCG failed the 93% target for June reaching 83% and year to date (89.91%) for maximum 2 week wait for first outpatient appointment. In June there were 94 breaches out of a total of 553 patients. The majority of breaches were due to patient choice, holidays etc. The longest wait was 34 days.

The CCG also failed the 93% target for June reaching 84.42% and year to date (87.96%) for 2 weeks wait for first outpatient appointments for patients referred urgently with breast symptoms. In June there were 12 breaches out of a total of 77 patients, longest wait being 41 days, all breaches due to patient choice.

Aintree failed the 93% target for June reaching 84.95% and year to date (88.98%). In June this amounted to 28 breaches out of 186 treatments. This was due to short notice unexpected reduction in clinical capacity. This has now been addressed with the service providing an on-going plan to ensure sustained recovery from this position.

Actions:

- Continued monitoring and intervention by the clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalate constraints to the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics & Support Services.

Recovery for two week symptomatic breast and two week suspected cancer is anticipated by Q3 2017/18.

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - June	96%	98.51%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - June	96%	98.03%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - June	94%	98.72%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - June	94%	97.30%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - June	94%	96.10%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - June	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - June	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - June	85% local target	96.15%	↑
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	17/18 - June	85% local target	87.23%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - June	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - June	90%	85.71%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - June	85%	84.34%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - June	85%	84.46%	↑

Aintree achieved the 90% target for 62 day screening in June with 0 breaches out of a total of 5.5 patients recording 100%, but failed year to date reaching 85.71% due to previous breaches.

The CCG achieved the 85% target for the 62 days standard in June recording 85.71% but are also failing year to date due to previous breaches, at 84.34% YTD out of 83 patients there have been 13 breaches.

Aintree also achieved the 85% target in June reporting 85.71%, out of 49 patients there were 7 patient breaches, but failed YTD with 84.46%. The main reasons for breaches were patient choice, equipment failures, capacity in theatres, complex pathways (patients not fit for treatment); delayed histopathology results meaning patients are not discussed at the earliest possible MDT meeting.

Actions:

- Continued monitoring and intervention by the Clinical Business Units to managed the patient pathway and remove any barriers which may be preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the weekly Cancer Performance Meeting.

- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalations of issues to Divisional Directors of Operations.
- Aintree identified to work with the National Cancer Alliance and NHSE to improve and sustain performance. DOH has set target of September by which standards are to be achieved.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group and via Datix reporting.
- Daily Performance meetings continue with escalation to the Divisional Directors as required.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Jun-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	17.9%	∨	96%	95%	∨	1%	2%	∨

The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target for June at 17.9%. The proportion of patients who would recommend is the same as last month recording 95% (England average 96%) the proportion who would not recommend is also the same as last month at 2%, which is also higher than the England average of 1%.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 3 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show a slight under performance of £31k/0.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £130k/1.1%. This is because Providers under Acting As One are underperforming on planned care, whilst other Providers are over-performing. At specific over performing Trusts, Renacres are reporting the largest cost variance with a total of £126k/37% followed by Wrightington, Wigan and Leigh (£64k/83%) and Spire Liverpool (£63k/34%).

Figure 12 - Planned Care - All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Acting as One YTD % Var
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	43,679	43,605	-74	0%	£7,494	£7,456	£-38	-1%	£38	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,419	3,282	-137	-4%	£430	£381	£-49	-11%	£49	0.0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21	48	27	123%	£5	£8	£3	46%	-	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	33	33	0%	£0	£3	£3	0%	-	-
FAIRFIELD HOSPITAL	47	5	-42	-89%	£12	£10	£-3	-22%	-	-
ISIGHT (SOUTHPORT)	128	119	-9	-7%	£30	£22	£-8	-26%	-	-
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	302	370	68	23%	£103	£126	£23	23%	£23	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	3,979	3,869	-110	-3%	£755	£704	£-52	-7%	£52	0.0%
RENACRES HOSPITAL	1,239	1,461	222	18%	£337	£463	£126	37%	-	-
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	7,704	8,125	421	5%	£1,292	£1,291	£-1	0%	£1	0.0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	3,686	3,257	-429	-12%	£686	£580	£-106	-15%	-	-
SPIRE LIVERPOOL HOSPITAL	593	751	158	27%	£184	£247	£63	34%	-	-
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	900	1,070	170	19%	£250	£243	£-7	-3%	-	-
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	27	35	8	32%	£4	£5	£1	20%	-	-
WALTON CENTRE NHS FOUNDATION TRUST	775	746	-29	-4%	£249	£203	£-45	-18%	£45	0.0%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	31	31	0%	£0	£4	£4	0%	-	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	111	100	-11	-10%	£30	£19	£-11	-36%	-	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	211	385	174	82%	£76	£140	£64	83%	-	-
Grand Total	66,821	67,292	471	1%	£11,937	£11,905	£-31	-0.3%	£161	1.1%

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 13 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,454	3,144	-310	-9%	£2,052	£2,058	£6	0%
Elective	480	404	-76	-16%	£1,356	£1,300	£56	-4%
Elective Excess BedDays	159	105	-54	-34%	£38	£25	£13	-34%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	107	43	-64	-60%	£22	£10	£13	-57%
OPFANFTF - Outpatient first attendance non face to face	620	901	281	45%	£18	£24	£6	34%
OPFASPCL - Outpatient first attendance single professional consultant led	8,026	7,437	-589	-7%	£1,265	£1,209	£55	-4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	346	261	-85	-25%	£29	£28	£2	-5%
OPFUPNFTF - Outpatient follow up non face to face	795	2,606	1,811	228%	£19	£63	£44	228%
OPFUPSPCL - Outpatient follow up single professional consultant led	20,252	18,841	-1,411	-7%	£1,399	£1,346	£53	-4%
Outpatient Procedure	5,651	5,830	179	3%	£747	£760	£12	2%
Unbundled Diagnostics	3,436	3,617	181	5%	£277	£325	£48	17%
Wet AMD	353	416	63	18%	£270	£309	£39	14%
Grand Total	43,679	43,605	-74	0%	£7,494	£7,456	£38	-1%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 3 with all other areas of outpatients currently under performing (excluding outpatient procedures). The over performance for non-face to face activity is focussed particularly within Dermatology, Ophthalmology and Cardiology.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £48k/17% against plan.

Cardiology is showing the largest cost variance at month 3 (£346k/95%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Gastroenterology is under performing by £189k/19% against plan. This is being investigated jointly between the CCG and Trust at the Information Sub Group.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently £38k/1% down against plan at month 3. Despite this indicative underspend; there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 10 specialties in terms of cost variances against plan at month 3:

Specialty	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total	Total Price
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	YTD Var
Cardiology	385	317,875	10	26,920	26	6,119	21	(£9,965)	135	(£13,248)	159	18,756	736	£346,457
Hepatobiliary & pancreatic surgery	16	24,550	6	11,652			1	775	1	(£63)			23	£36,914
Acute internal medicine	4	557	-1	(£2,945)	-5	(£1,142)	399	40,704	8	826	-20	(£2,848)	385	£35,153
Colorectal surgery	-4	3,287	-4	40,012	-78	(£18,324)	-7	(£5,065)	101	4,959	10	1,298	17	£26,166
Ent	-2	2,985	-5	(£7,111)			-25	(£3,065)	4	334	245	27,758	216	£20,901
Physiotherapy							-46	(£2,227)	619	20,350			573	£18,123
Interventional radiology	15	22,169	-2	(£615)			-1	(£148)	20	1,739	-1	(£5,233)	31	£17,912
Breast surgery	17	36,042	-10	(£17,349)			-13	(£2,894)	-49	(£3,359)	32	3,692	-23	£16,132
Geriatric medicine	3	298	0	(£4,359)	2	514	18	5,002	107	14,453	-0	(£13)	130	£15,895
Nephrology	1	(£1,568)	1	1,991	1	308	80	21,266	-63	(£7,038)	-2	(£262)	18	£14,697
Endocrinology	-4	(£1,327)	-1	(£1,759)			-7	(£1,784)	-4	(£386)			-15	(£5,256)
Vascular surgery	0	1,548	1	376			-32	(£6,126)	-13	(£1,063)	-5	(£605)	-48	(£5,869)
Clinical haematology	-187	(£23,608)	-6	(£9,582)	-15	(£4,158)	-58	(£14,585)	183	20,749	2	436	-81	(£30,749)
Anticoagulant service									-1,217	(£31,364)			-1,217	(£31,364)
Dermatology	-14	(£7,016)					-208	(£28,758)	669	10,021	-231	(£21,916)	217	(£47,669)
General surgery	-26	(£36,975)	-16	(£20,475)	-1	(£171)	-36	(£6,134)	-39	(£2,803)	-4	(£503)	-121	(£67,061)
Ophthalmology	-102	(£80,840)	2	1,761	5	1,408	-104	(£15,224)	333	690	214	21,355	348	(£70,850)
Urology	-65	(£19,349)	-19	(£33,960)	1	143	-124	(£18,409)	-43	(£2,641)	-62	(£10,911)	-313	(£85,126)
Trauma & orthopaedics	-81	(£95,270)	-21	(£30,271)	20	4,865	-40	(£6,220)	-96	(£5,871)	-148	(£18,680)	-364	(£151,446)
Gastroenterology	-272	(£119,890)	-11	(£25,974)	-13	(£3,075)	-112	(£22,230)	-307	(£16,803)	-8	(£1,827)	-724	(£189,799)
Grand Total	-310	5,789	-76	(£56,296)	-54	(£12,957)	-372	(£62,227)	315	(£10,690)	179	12,128	-318	(£124,254)

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 14 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	229	223	-6	-3%	£166	£133	-£34	-20%
Elective	48	47	-1	-3%	£135	£115	-£21	-15%
Elective Excess BedDays	8	0	-8	-100%	£3	£0	-£3	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	59	23	-36	-61%	£10	£4	-£6	-59%
professional consultant led	550	469	-81	-15%	£91	£77	-£14	-15%
OPFUPMPL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	135	78	-57	-42%	£10	£6	-£4	-37%
consultant led	1,172	997	-175	-15%	£90	£77	-£13	-14%
Outpatient Procedure	1,271	1,225	-46	-4%	£166	£154	-£12	-7%
Unbundled Diagnostics	213	195	-18	-9%	£16	£16	£0	-1%
Grand Total	3,686	3,257	-429	-12%	£686	£580	-£106	-15%

Planned care elements of the contract continue to underperform against plan in month 3 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with all areas below plan year to date.

The largest variance against plan is within day case and elective procedures at a combined underspend of £55k. The Trust is still experiencing the effects of April's decontamination issue and May's cyber-attack. Efforts are being made to reschedule all lost work in the coming months and to bring activity back in line with planned levels.

June remains in line with previous months with a total underspend in month of £15k, with the under-performance spread across all PODs excluding elective procedures. Another contributing factor to the low performance in planned care is the reduced levels of GP referred activity; this is currently being addressed in the Information Sub Group with the provider.

3.7.3 Renacres Hospital

Figure 15 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	112	123	11	9%	£136	£165	£30	22%
Elective	22	43	21	98%	£103	£185	£83	80%
OPFASPCL - Outpatient first attendance single professional consultant led	291	284	-7	-3%	£46	£46	£0	-1%
OPFUPSPCL - Outpatient follow up single professional consultant led	344	442	98	28%	£22	£29	£7	33%
Outpatient Procedure	96	80	-16	-17%	£12	£13	£1	6%
Unbundled Diagnostics	102	113	11	11%	£10	£13	£3	35%
Physio	272	376	104	38%	£8	£11	£3	38%
Grand Total	1,239	1,461	222	18%	£337	£463	£126	37%

Renacres over performance of £126k/37% is driven by a £83k/80% over performance in Electives, suggesting a continuing theme from 2016/17. Day case activity at month 3 has also resulted in a £30k/22% over spend against plan.

3.8 Personal Health Budgets

South Sefton CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	11	52		56		60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4		4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	0	60	0	64	0
4) GP registered population (total number per CCG)	154916	154916	154916	154916	154916	154916	154916	154916
Rate of PHBs per 100,000 GP registered population	33.57	7.10	36.15		38.73		41.31	

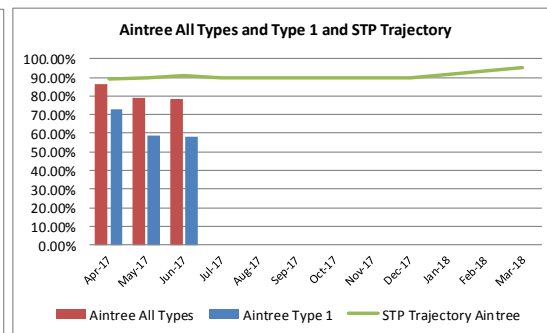
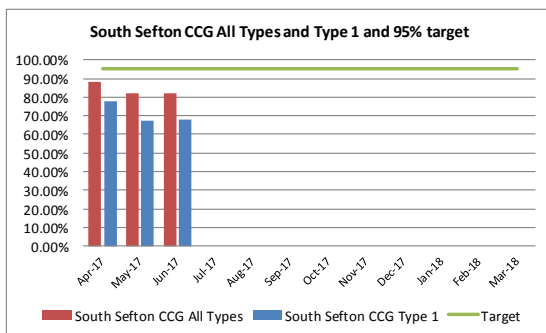
Quarter 1 data above shows the CCG are below plan. The CCG is exploring the possibility of expanding the offer of PHB's for patients at the end of life and fast track across hospice services, community and hospital discharges. A critical aspect of the project will be confirmation for implementing alternative payment options other than SBS, e.g. local authority direct payment cards. CCG Finance are liaising across with Warrington CCG Finance team, to determine the process and consider transferability.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - June	95%	84.18%	↓	The CCG have failed the target in June reaching 82.3%. In month 1400 attendances out of 7920 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - June	95%	70.93%	↓	The CCG have failed the target in June reaching 67.7%. In month 1397 attendances out of 4324 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - June	STP Trajectory June Target 91%	81.07%	↓	Aintree have failed their revised target of 91% in June reaching 78.4% ; 2935 attendances out of 13601 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - June	95%	63.04%	↓	Aintree have failed the target in June reaching 58.5%. In month 2935 attendances out of 7920 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	Jun-17	YTD
STP Trajectory Aintree	89%	90%	91%	%
Aintree All Types	86.13%	78.78%	78.42%	81.07%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 91% June plan agreed with NHS Improvement recording performance 78.42% (T1 and T3) in June 2017 representing a -0.36% decline compared to May 2017. There was also a decline in performance noted across 2 out of the 5 AED clinical quality indicators.

Trust actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of 90% ED performance and 75% ambulance handover.
- Complete review of the medical workforce establishment and submit for consideration at BCRG. Additional sessions are being arranged to cover gaps in the existing rotas.
- Discussion ongoing regarding GP streaming taking place at regional level with a view to implementing the Luton and Dunstable Model.
- Continue with NWS project. Agreement to focus on improving direct access to AEC for appropriate patients arriving by ambulance. Phase 2 complete

- Recruitment of Acute Physicians underway.
- Programme of facilitated engagement sessions completed with nurses. – Medical team outstanding but plan in place. ECIP continue to work with senior Nursing team to identify.
- Complete full ED nurse establishment review.
- Develop series of PDSA cycles to test improvements in the following elements of EACP:
 - See and Treat
 - Board rounds
 - Initial nurse assessment

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	17/18 - June	0	11	↓

Aintree had 2, 12 hour breaches in June, year to date total is 11. Root Cause Analyses of the breaches are awaited from the Trust.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - June	75%	76.35%	↓	The CCG has failed the 75% target in June achieving 74% but are achieving year to date due to last months performance. In June out of 79 incidents, 58 were within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - June	75%	62.66%	↓	The CCG is under the 75% target reaching 60.33% in June and 62.66% year to date. In June, out of 876 incidents, 528 were within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - June	95%	90.65%	↔	The CCG is under the 95% target reaching 90% in June and 90.65% year to date. In June out of 955 incidents, 860 were within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	17/18 - June	75%	66.14%	↓	NWAS reported under the 75% target reaching 62.53% in June and 66.14% year to date.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	17/18 - June	75%	65.97%	↓	NWAS reported under the 75% target reaching 64.68% in June and 65.97% year to date.
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	17/18 - June	95%	90.65%	↓	NWAS reported under the 95% target reaching 89.39% in June and 90.65% year to date.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - June	0	230	↑ ↓	The Trust recorded 230 handovers between 30 and 60 minutes, this is a decline on last month when 233 was reported and is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	17/18 - June	0	227	↑	The Trust recorded 227 handovers over 60 minutes, a decline on the previous month when 199 was reported and is still breaching the zero tolerance threshold.

The CCG achieved only one of the 3 indicators for ambulance service performance, Category A (red 1). (See above of number of incidents / breaches).

With the significant dip in performance around national ambulance targets we are working with all partners to improve performance against these targets. The Provider actions for improvement include an agreed Workforce Plan, establishment of a Performance Development Plan to be

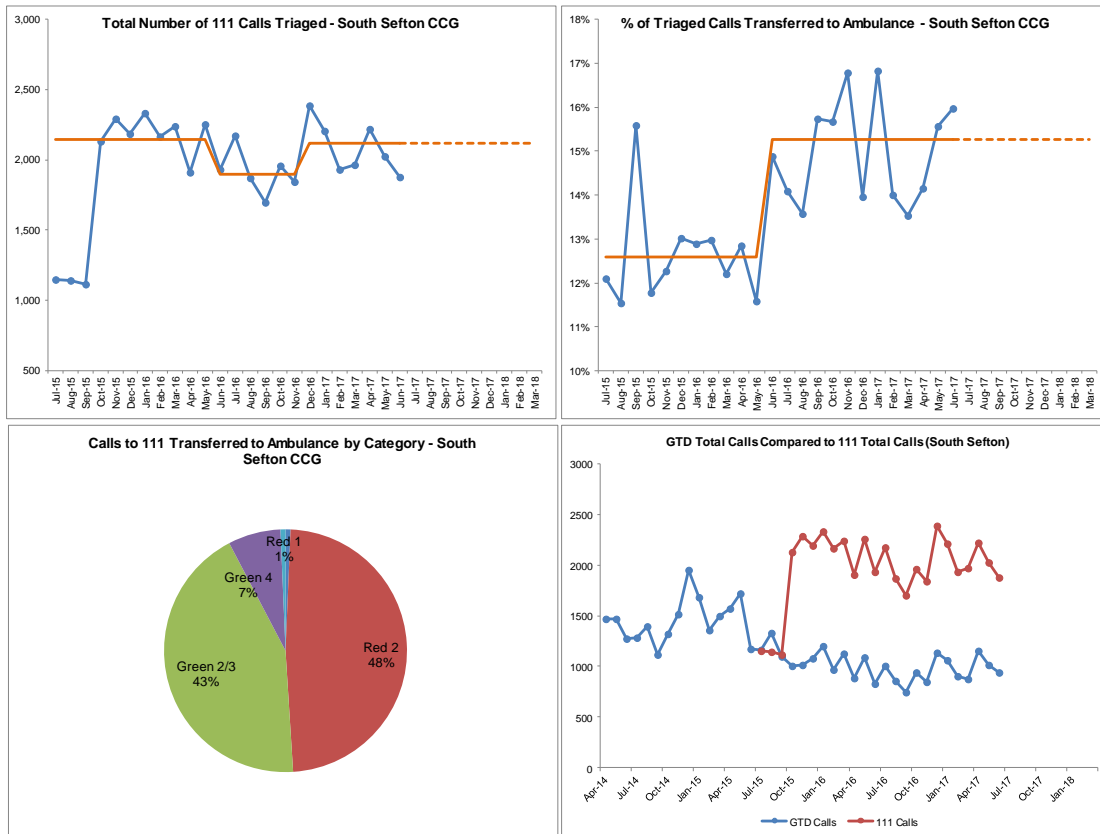
monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and also a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NWS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year. In future there will be four categories of call:

- Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
- Category two is for emergency calls. These will be responded to in an average time of 18 minutes.
- Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.
- Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls

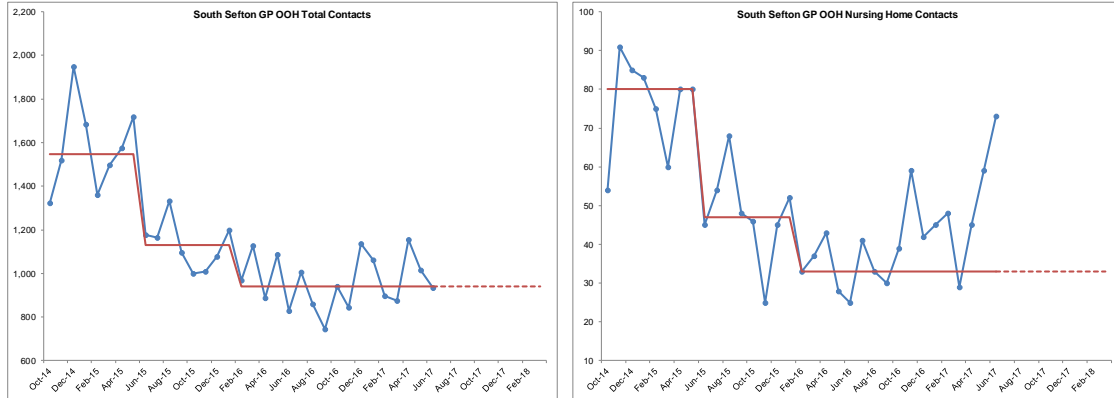


June 2017 saw a slight reduction in the number of 111 calls made by South Sefton patients from 2,025 in May to 1,878 in June, a reduction of 7.3%. There has also been a reduction when compared to June 2016, from 1,928.

The breakdown for outcomes of 111 calls in June 2017 is as follows:

- 55% advised to attend primary and community care
- 17% closed with advice only
- 16% transferred to ambulance
- 9% advised to attend A&E
- 3% advised to other service.

4.3.2 GP Out of Hours Calls



The number of calls from South Sefton patients to the GP OOH service has fallen in June 2017 to 935, a reduction of 7.9% since May. When compared to the same point in the previous year there have been 12.7% fewer calls. This is still on trend since the baseline shifted in February 2016.

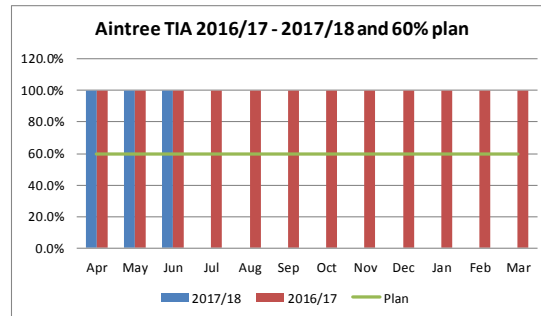
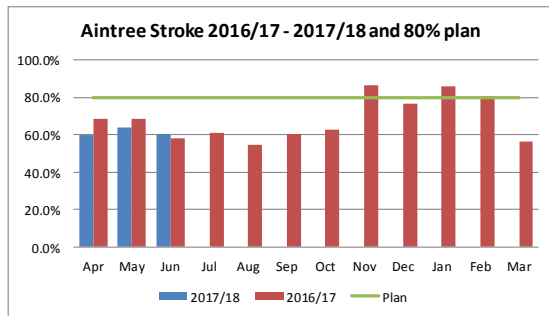
GP OOH calls from nursing homes within South Sefton have increased for the fourth consecutive month to 73, by 23.7%, from May. June 17 has the highest number of Nursing home contacts since May 2015.

South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - June	80%	60.53%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - June	60%	100%	↔



In June Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 60.5%. This is a decline from the previous month when the Trust recorded 64.1%. Out of a total of 38 patients only 23 spent more than 90% of their stay on a stroke unit the standard was not reached for 15 patients.

All breaches of the standard are reviewed, reasons for underperformance:

- 11 patients required admission to the Stroke Unit but no beds were available
- 1 late referral to the Stroke Team
- 3 patients were referred to the stroke team after an MRI diagnosed a stroke

Unavailability of stroke beds remains a recurring theme and biggest contributor to the inability to achieve the standard. This is being addressed through development of a business case for additional Stroke inpatient capacity.

Actions to improve include:

- Finalise stroke bed modelling and business case to present at the June Business Case Review Group.
- Discuss late referrals to the Stroke Team with Acute and Emergency Medicine to ensure lessons are learnt.
- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Medical patients to be transferred to acute beds from the Stroke Unit to accommodate patients with a new diagnosis of stroke in ED or AMU.
- Daily Stroke meeting to discuss outliers and delayed transfers of care.

The team continue to perform positively against the Transient Ischaemic Attack (TIA) standard reporting 100% performance for patient scanned and treated within 24 hours during May 2017.

4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - June	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	17/18 - June	0.00	0.00	↔

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - June	14	12	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - June	11	17 (10 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - June	0	1	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - June	0	1	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - June	35	33	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - June	No Plan	65	↓

The CCG had 3 news case reported in June 2017, (12 year to date), against a year to date plan of 14, (6 apportioned to acute trust and 6 apportioned to community). The year to date plan is 54.

Aintree had 5 new cases reported in June (17 year to date) against a year to date plan of 11. (There were 5 successful appeals upheld in June, so 10 cases following appeal). The year-end plan is 46.

Aintree had one case of MRSA in June the case was subject to the national Post Infection Review (PIR) process and the case was finally assigned to the Trust. The PIR review team could not identify any lapses in care, however the patient was screened negative on admission and the first indication of MRSA was the confirmation of the bacteraemia.

The National HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed.

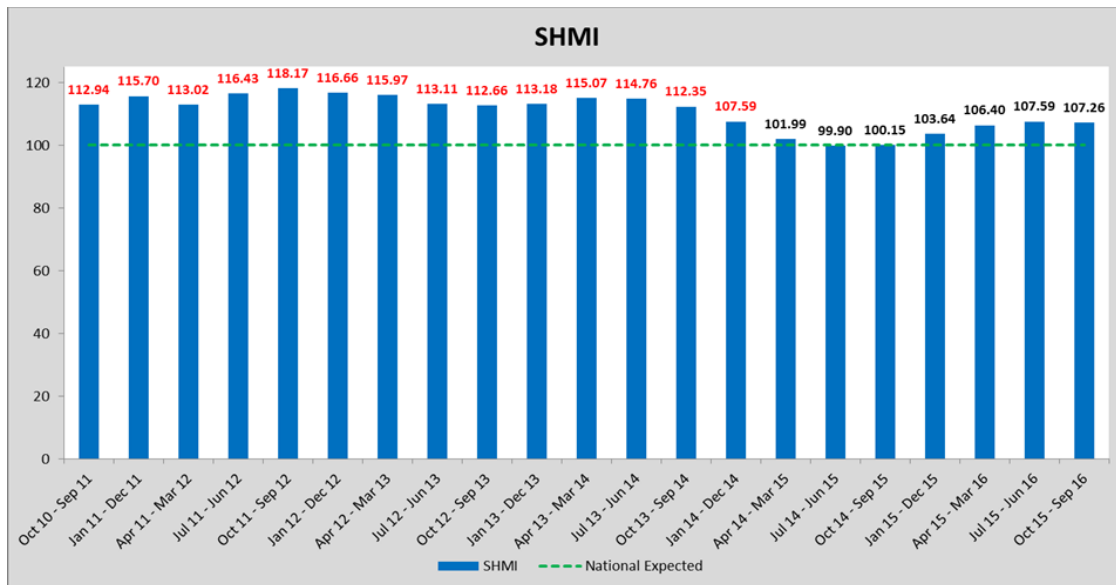
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG. There are no targets set for Trusts at present.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - June	100	98.65	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct-15 to Sep 16	100	107.26	↔

HSMR is reported for the period February 2016 March 2017, performance remains below expected at 97.93 (March 2017 data) from 93.86 (September 2016 data). Aintree HSMR has consistently been better than the benchmark. Whilst still below peer average the last 12 months has seen a steady deterioration in this metric.

SHMI for the period October 2015 – September 2016 is at 107.26 and is marginally better than last months and is within expected tolerances, albeit at the upper end of that range.



The Trust has the 10th Highest SHMI of the 22 North West Trusts. There are 17 Trusts with a SHMI as expected, 1 trust is below expected and 4 Trusts have a SHMI higher than expected. The Trust remains in a positive position with the 4th lowest HSMR value of the 22 North West Trusts. There are 6 Trusts with a HSMR higher than expected and 16 Trusts have a HSMR as or below expected.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 3.

There are a total of 77 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 77, 37 are applicable to LCH, 23 for Mersey Care NHS Foundation Trust and 6 for Aintree University NHS Foundation Trust (UHA).

Aintree University Hospitals NHS Foundation Trust - 20 open Serious Incidents on StEIS. In June 2017 one incident has been reported, and two incidents have been closed. Nine incidents remain open for >100 days.

The provision of Community Services for the South Sefton CCG population transferred from Liverpool Community Health NHS Trust to Mersey Care NHS Foundation Trust on 1st June 2017.

The Trust has a composite pressure ulcer action plan in place, which transferred over to the new provider Mersey Care NHS Foundation Trust, as part of transition arrangements, with monitoring at the Trust Clinical Quality and Performance meeting.

Mersey Care NHS Foundation Trust – There are 20 incidents open on StEIS for South Sefton CCG patients. There have been 10 incidents reported in June 2017 by Mersey Care relating to a South Sefton CCG patient. Six were reported by MCT Community Services (MCT- CS) and 4 by MCT Mental Health (MCT–MH).

4.6 CCG Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Please note the patient snapshot measure has been removed from the collection starting in April 2017. Since the snapshot only recorded the position on one day every month, it was considered unrepresentative of the true picture for DTOCs. NHS England are replacing this measure in some of the publication documents with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative. Removing the patient snapshot from the collection also reduces the burden on trusts, since NHS England can calculate a similar figure from the delayed days and number of days in the month.

The average number of delays per day in Aintree hospital increased in June (40), 28 reported in May. Of the 40, 20 were patient or family choice (50%), 11 were awaiting further NHS non-acute care (27.5%), 6 was awaiting care package in own home (15%) and 2 completion assessment (5%).

Analysis of average delays in June 2017 compared to June 2016 shows a reduction in the average number of patients, from 40 to 36 (11%).

Average Delayed Transfers of Care per Day at Aintree April 2016 – June 2017

Reason For Delay	2016-17												2017/18		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11	9	11
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	5	4	6	5	7	3	4	4	5	5	3	4	1	6
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	30	31	34	29	27	46	25	21	32	22	22	22	28	28	40

Agency Responsible for Days Delayed at Aintree April 2016 – June 2017

Agency Responsible	2016-17												2017/18		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726	852	962
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112	45	211
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 962 in June, an increase from 852 in May.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care. In addition there is also CCG representation at the weekly focused MADE (Multi Agency Discharge Event) on the Aintree site. The forum focuses on a small number of themes associated with delayed discharges and seeks to achieve rapid change to systems and processes which have the potential to extend patients stay within the acute setting.

CCG representatives are planning to audit the Trusts Ready for Discharge (RfD) and Medically Fit for Discharge (MFFD) lists to proactively identify themes which hinder discharge. The CCG has offered support from the Quality Team to issue patient letters where patient/family choice delays are preventing appropriate discharge to the community setting.

The CCG is currently working with CCG and LA partners to agree an Intermediate Care, Reablement and Assessment Service model which, using a lane model with development of trusted assessor roles in the acute setting, transfer of Social Work support to the community setting and increased availability of packages of care, will facilitate timely discharge of patients to the most appropriate setting.

4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Jun-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	16.4%	√	87%	84%	√	7%	10%	√

The Friends and Family Test (FFT) Indicator comprises of three parts:

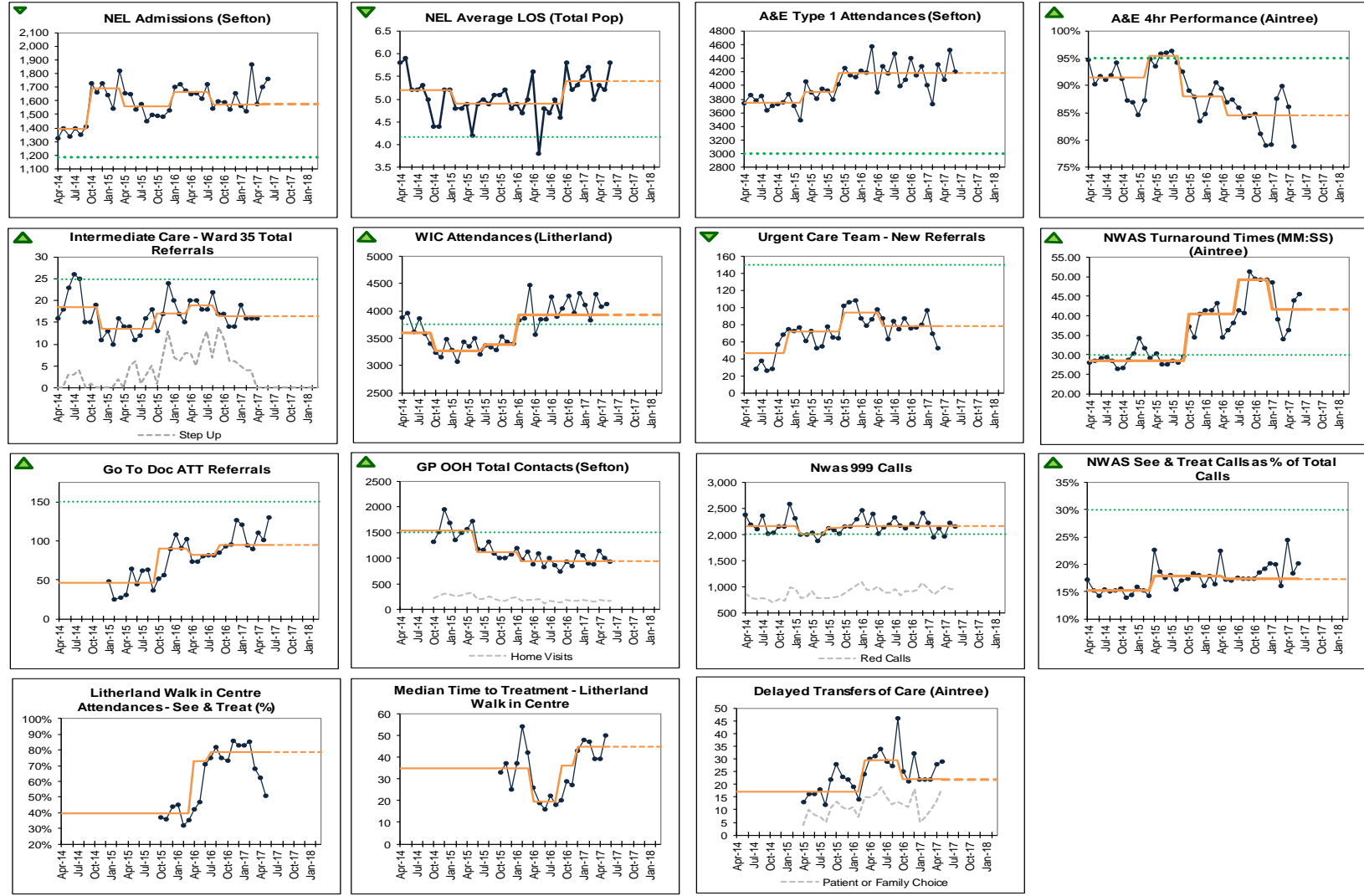
- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E after a sharp decline in May when response rates were 11.8%; June has seen an improvement recording 16.4% back over the 15% target.

The percentage of people that would recommend A&E is lower than the England average again reporting 84% in June, this being the same as last month. The not recommended percentage is at 10% in June which is slightly better than 11% recorded previous month.

4.8 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 15 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.



Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions (O#1)	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay (O#2)	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances (O#3)	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types (O#4)	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Walk-in Centre Attendances (P#1)	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.		Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals (P#2)	New patients seen by the Community Urgent Care Team in South Sefton.		Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals (P#3)	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.		Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc ATT Referrals (P#4)	All South Sefton referrals to the Alternative to Transfer (ATT) service.		Commissioners aim to see an increase in referrals to the ATT service.
Go to Doc Out of Hours Activity (P#5)	Total contacts to the South Sefton out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree (P#6)	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls (B#1)	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls (B#2)	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£188k/-2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£128k/-1.1%.

This under-performance is clearly driven by Southport & Ormskirk and Liverpool Womens hospitals reporting an under performance of -£165k/-21% and -£69k/-7% respectively (although Liverpool Women's underspend is neutralised under Acting As One).

Figure 16 - Month 3 Unplanned Care – All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Acting as One YTD % Var
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	24,059	26,469	2,410	10%	£8,880	£8,848	£-32	0%	£32	0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2,471	2,301	£-170	-7%	£534	£505	£-29	-5%	£29	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	17	27	10	61%	£4	£10	£6	142%	-	142%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	21	21	0%	£0	£6	£6	0%	-	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	61	52	£-9	-15%	£101	£102	£1	1%	£-1	0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	859	840	£-19	-2%	£1,038	£969	£-69	-7%	£69	0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,342	1,398	56	4%	£491	£560	£69	14%	£-69	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	2,046	2,015	£-31	-2%	£774	£609	£-165	-21%	-	-21%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	219	263	44	20%	£98	£114	£16	17%	-	17%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	10	5	£-5	-52%	£3	£1	£-3	-82%	-	-82%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	62	61	£-1	-1%	£22	£32	£10	45%	-	45%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	10	15	5	43%	£4	£6	£2	54%	-	54%
Grand Total	31,157	33,467	2,310	7%	£11,950	£11,762	£-188	-2%	£60	-1.1%

*Pbr Only

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 17 - Month 3 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	10,438	12,137	1,699	16%	£243	£243	£0	0%
A&E - Accident & Emergency	7,736	8,091	355	5%	£1,043	£1,120	£77	7%
NEL - Non Elective	3,646	3,400	-246	-7%	£6,802	£6,569	-£233	-3%
NELNE - Non Elective Non-Emergency	12	11	-1	-9%	£43	£45	£2	4%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	5	18	13	260%	£1	£4	£3	209%
NELST - Non Elective Short Stay	496	471	-25	-5%	£333	£319	-£14	-4%
NELXBD - Non Elective Excess Bed Day	1,725	2,341	616	36%	£415	£548	£134	32%
Grand Total	24,059	26,469	2,410	10%	£8,880	£8,848	-£32	-0.4%

4.9.3 Aintree Hospital Key Issues

The overall Urgent Care under spend of -£32k/-0.4% is undoubtedly driven by a -£233k/-3% under performance in Non Elective costs. The two key specialties underperforming within this POD include Accident & Emergency (-£349k) and Geriatric Medicine (-£240k).

Despite the overall indicative underspend for unplanned care PODs at Aintree, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

4.9.4 Royal Liverpool University Hospital

Figure 18 - Month 3 Unplanned Care – Royal Liverpool University Hospital Trust by POD

The Royal Liverpool Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	1,109	1,117	8	1%	£115	£125	£9	8%
AMAU - Acute Medical unit	5	7	2	30%	£1	£1	£0	30%
NEL - Non Elective	167	163	-4	-3%	£332	£392	£60	18%
NELNE - Non Elective Non-Emergency	4	3	-1	-17%	£21	£4	-£17	-79%
NELST - Non Elective Short Stay	22	28	6	26%	£14	£19	£5	35%
NELXBD - Non Elective Excess Bed Day	35	80	45	129%	£8	£19	£11	132%
Grand Total	1,342	1,398	56	4%	£491	£560	£69	14%

4.9.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £69k/14% is largely driven by a £60k/18% over performance in Non Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £79k/222%.

As with Aintree Hospital, despite the overall indicative overspend for unplanned care PODs at Royal Liverpool, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 19 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 30/06/2017	2017/18 Plan	Variance from Plan	Variance on 30/06/2016
1 Common Mental Health Problems (Low Severity)	43	43	- -	6
2 Common Mental Health Problems (Low Severity with greater need)	15	25	- 10	20
3 Non-Psychotic (Moderate Severity)	87	150	- 63	115
4 Non-Psychotic (Severe)	310	270	40	101
5 Non-psychotic Disorders (Very Severe)	88	67	21	31
6 Non-Psychotic Disorder of Over-Valued Ideas	39	46	- 7	6
7 Enduring Non-Psychotic Disorders (High Disability)	288	251	37	58
8 Non-Psychotic Chaotic and Challenging Disorders	135	122	13	25
10 First Episode Psychosis	143	144	- 1	6
11 On-going Recurrent Psychosis (Low Symptoms)	329	399	- 70	71
12 On-going or Recurrent Psychosis (High Disability)	401	354	47	71
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	101	6	-
14 Psychotic Crisis	32	27	5	10
15 Severe Psychotic Depression	8	6	2	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	41	38	3	5
17 Psychosis and Affective Disorder – Difficult to Engage	45	50	- 5	8
18 Cognitive Impairment (Low Need)	229	224	5	4
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	430	446	- 16	11
20 Cognitive Impairment or Dementia Complicated (High Need)	429	398	31	61
21 Cognitive Impairment or Dementia (High Physical or Engagement)	134	140	- 6	22
Cluster 99	516	558	- 42	76
Total	3,849	3,859	8	249

5.1.1 Key Mental Health Performance Indicators

Figure 20 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	95%	97%			
Rolling Quarter				97%			

Figure 21 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	No Patients	100%	No Patients			
Rolling Quarter				100%			

Figure 22 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	No Patients	No Patients	67%			
Rolling Quarter				67%			

5.1.2 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings is considering options and the possibility of establishing a 24/7 Single Point of Access to its secondary care services and crisis care enabling a responsive access point for urgent requests for help, a one-stop integrated referral point based on a multi-disciplinary team model. The proposal requires Board approval and if given, work streams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

The Trust is actively recruiting to staff as part of its successful CORE 24 bid for hospital liaison psychiatry across the three acute sites on the North Mersey local delivery system footprint. Clinical commissioners will be involved in the ongoing development of the model of delivery including the development of performance metrics. The CORE 24 service will be officially launched on 29th September 2017.

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress has been reported against the remedial action plan however the performance notice will remain open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust is operating at overcapacity and this is impacting on new patients accessing the service. Current activity is currently 297 patients against a commissioned cap of 180 with a waiting list of 300 with waiting times reported to be 12 months. From January 2017 new patient slots reduced from 3 to 2 per week but the Trust are now writing to referring GPs in Sefton stating that they are unable to accept new referrals however the service has confirmed that new patients are being taken onto the caseload but only when existing patients caseload are discharged, this is resulting in lengthier waiting times for diagnosis and medication based treatment. The service receives on average 4 new referrals per week.

The situation is exacerbated by the lack of an agreed shared care protocol which would enable prescribing to be initiated by Adult ADHD specialist in secondary care and continued in primary care with regular review being provided by secondary care. Medicines management have confirmed that following discussions with the Local Medical Committee (LMC) a GP has been identified who will work with the medicines management team to draft a shared care protocol covering young people and adults. The proposed arrangement would be outside Pan Mersey Area Prescribing Committee (APC) agreements and would only apply for registered patients within the two Sefton CCGs. However the CCG would share any agreed framework with Pan Mersey APC as the current APC shared care agreement has not been ratified by a number of CCGs.

The Trust has also raised concerns around the caseload sizes of memory patients and what they perceive to be a lack of agreement from primary care to enable these patients to be discharged from secondary care to enable subsequent reviews are undertaken in a primary care setting. The commissioners' view is that the memory pathway is wholly commissioned from within the Trust and that there could be an opportunity to utilise community physical health resources to enable reviews to be undertaken within the physical health offer. Feedback is awaited from the Trust if this opportunity can be explored further to mutual satisfaction.

In response to GP patient communication the Trust has undertaken a review of Review current clinical correspondence backlogs and has undertaken an organisational exercise to implement a new medical transcription service to improve productivity and related communication KPIs which will take effect on 1st October 2017.

5.2 Improving Access to Psychological Therapies

Figure 23 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
	2017/18	222	320	328									
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%
	2017/18	0.91%	1.32%	1.35%									
Recovery % ACTUAL - 50% target	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%
	2017/18	35.6%	46.3%	42.9%									
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
	2017/18	98.8%	98.90%	97.9%									
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%
	2017/18	100.0%	100.0%	99.5%									
National definition of those who have completed treatment (KPI5)	2016/17	166	162	156	164	148	171	162	212	153	167	173	189
	2017/18	168	181	180									
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13
	2017/18	8	4	5	0	0	0	0	0	0	0	0	0
National definition of those who have moved to recovery (KPI6)	2016/17	67	58	47	61	49	68	60	83	54	63	82	92
	2017/18	57	82	75									
Referral opt in rate (%)	2016/17	87.9%	89.4%	91.4%	84.2%	85.7%	84.2%	88.2%	83.2%	81.4%	84.1%	83.7%	80.4%
	2017/18	83.3%	88.3%	84.3%									

Cheshire & Wirral Partnership reported 328 South Sefton patients entering treatment in Month 3, which is a slight (2.5%) increase from the previous month when 320 were reported. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 16.8% for 2017/18 year end, which is equivalent to 1.40% per month. Month 3 access was 1.35%, so very close to target and the highest number of patients entering treatment of any month so far.

There were 426 Referrals in Month 3, which was a 8.7% increase compared to the previous month when there were 392. Of these, 70.7% were Self-referrals which is higher than the previous month (65.8%). GP Referrals saw an increase compared to the previous month with 86 compared to 73 for Month 2. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 42.9% in Month 3, which is a slight decrease from 46.3% for the previous month, and failing to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve. Cancelled appointments by the provider saw an increase in Month 3 with 54 compared to 40 in Month 2.

There was a 14.1% increase in DNAs in Month 3 (from 156 in Month 2 to 178 in Month 3); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

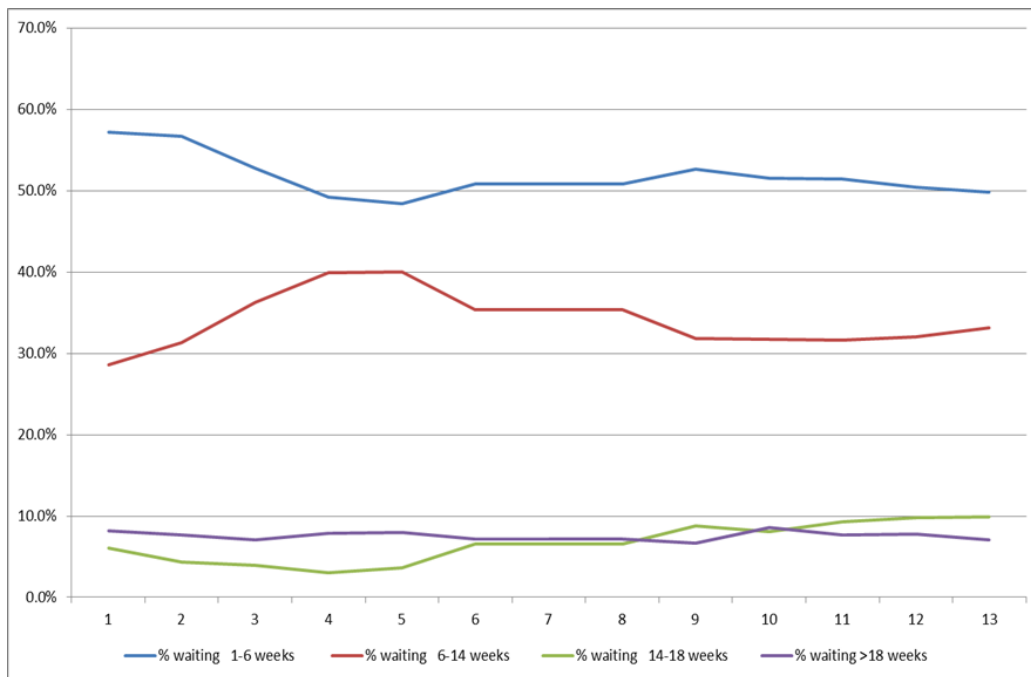
In month 3 97.9% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.5% of patients have waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider has recently recruited a qualified practitioner to work with the less severe presentations, and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well-received.

NHS South Sefton CCG – Access Sefton % Internal waiters 03/04/2017 – 29/06/2017



The chart above illustrates internal waiters activity for April and June 2017 over the 13-week reporting period.

5.3 Dementia

	Apr-17	May-17	Jun-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.07%	65.52%	65.97%
Target	67%	67%	67%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in June 2017 of 65.9% which is close to the national dementia diagnosis ambition of 67% and similar to the previous month. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The work that has been done at a practice level to improve dementia coding in South Sefton has also contributed to this improvement.

5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)

NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 Plans (30% Target)

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	2017/18 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	100	100	25	25	25	25	100
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	305	305	160	210	260	310	940
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3121	3121	-	-	-	-	3121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	9.8%	9.8%	-	-	-	-	30.1%

An update will be provided on a quarterly basis, quarter one anticipated in the September report. NHS Digital’s publication schedule reports quarterly data 2 months behind quarter end.

5.5 Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	1	2		2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2		2		2	
%	100.00%	33.33%	100.00%		100.00%		100.00%	

South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	0	2		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2		2		2	
%	100.00%	#DIV/0!	100.00%		100.00%		100.00%	

For Q1 South Sefton had no patients waiting for urgent (less than 1 week waiting), and had 3 patient waiting for a routine appointments. Of those three patients, one was seen between 1-2 weeks and the others at 4-5 weeks and 6-7 weeks so performance against the 4 week target is 33% (against national standard of 95%). The performance in this category is calculated against completed pathways only.

6. Community Health

6.1 Mersey Care Community Contract

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards.

Monthly joint contract and quality review meetings are now set up with appropriate CCG and Mersey Care Trust colleagues attending.

6.1.2 Quality

The CCG Quality Team holds regular planning meetings with Mersey Care Community to discuss Quality Schedule KPIs, Compliance Measures, Safeguarding and CQUIN development. A joint quality handover document was developed with colleagues from Liverpool CCG and NHSE, this highlighted areas requiring enhanced surveillance during the transition, and this was also shared with Mersey Care Community Health Colleagues and forms the basis of the 17/18 work programme for the CQPG. Any focus areas highlighted in the QRP (Quality Risk Profile) has been incorporated into the handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for both new contracts (Mersey Care Community and Lancashire Care). This work will include LCH, Mersey Care Community BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Timescales are to be agreed at a planning meeting with Mersey Care 23rd June 2017. Any new local KPIs identified will be varied into the contract. Work Plan has been developed and shared with Trusts for discussion and agreement at the July CQPG meetings.

6.1.1 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18. For patient DNAs, Sefton Physio Service continues to report high rates with 17.9% in June. Adult Dietetics also continues to report high rates at 20.4% in June. Total DNA rates at Sefton are green for this month at 7.9%.

Provider Cancellation Rates: Treatment Rooms and Dietetics are reporting red (above 5% threshold) with 6.2% and 6.8% respectively. Both of these services are reporting an increase compared to the previous month.

Treatment rooms, Podiatry, Physio and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for June.

6.1.2 Waiting Times

Waiting times are reported a month in arrears. The waiting times for all services were below 18 weeks in May.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

The AQP Podiatry contract for South Sefton CCG patients transferred over to Mersey Care on 1st June. Therefore the following information reports from month 3 onwards.

At Month 3 2017/18 the costs for the CCG for initial contacts were £8,171 with 94 contacts and for follow-ups costs were £16,685 with 613 contacts.

6.2.1 Liverpool Community Health Quality Overview

A Quality Handover document has been developed with NHSE and stakeholders incorporating the Risk Profile Tool to share with the new community providers; this will be monitored at the new CQPGs.

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times. The new quality reporting requirements for adult core services are outlined above under Mersey Care Community Contract.

6.3 Alder Hey Community Services

6.3.1 Services

The following services have been taken over by the Trust for South Sefton CCG patients;

- Paediatric Continence
- Paediatric Dietetics
- Paediatric OT
- Paediatric SALT

Liverpool Community Health is currently providing activity reports for these services on behalf of Alder Hey.

6.3.2 Waiting Times

Paediatric SALT: In May 2017, 19 weeks was reported for incomplete pathways against the 18 week target. This is an improvement on last month. A total of 59 patients were waiting over 18 weeks, with the longest waiter at 29 weeks.

6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics is reporting a high DNA rate in June 2017, for the second consecutive month, with 16.1%. This is also an increase in DNA's compared to last month.

6.4 Percentage of Children Waiting More than 18 Weeks for a Wheelchair

South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 Plans (92% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	19	Nil return	19		19		19	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20		20		20	
%	95.00%	0.00%	95.00%		95.00%		95.00%	

NHS England guidance states that CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19.

South Sefton CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded for Q1.

7. Third Sector Overview

All NHS Standard Contracts and Grant Agreements for 2017-18 have now been issued, signed and returned. Commissioners and Contracting have met with and are working with providers to review service specifications and information reporting in line with local requirement and CCG Five Year Forward Plans. Reports detailing Q1 activity are currently underway and will be finalised during the next couple of weeks. All providers have confirmed that front line services continue to be delivered as per contracts. In the main funding reductions are being met by reductions to senior management posts across the sector, although some services have had to reduce activity as a result. Referrals to all services have increased during Q1 and the complexity of service user issues is increasing. Activity and waiting lists will continue to be monitored and feedback to Sefton CCGs on a quarterly basis.

A presentation was delivered to both CCG Governing Body Development Workshops during August aiming to improve the understanding of those present in regard to services provided, value and benefits of these services within our community and the complexity and vulnerability of those community groups who rely heavily on these services. Further work is to be undertaken to demonstrate how these services link in with our statutory/Acute mental health organisations and will be presented again during October to the Senior Leadership Team.

A further piece of work is also underway to promote “30 Days of Sefton in Mind”, from the 10th September (World Suicide Prevention Day) through until 10th October (World Mental Health Day) Sefton MBC want to run 30 stories regarding mental health in Sefton. We are currently collating case studies and service outcomes with our providers to help raise awareness and demonstrate how valuable these services are to our community.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

South Sefton CCG - Extended Access at GP services 2017/18 Plans

E.D.14	Months 1-6	Months 7-12
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in South Sefton 15 out of 30 practices and in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in either CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England.

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. Concept House has been inspected and now 'require improvement' in 3 areas, when they were last inspected they were rated 'good' in all areas. All the results are listed below:

Figure 24 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Center	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017					
N84028	The Strand Medical Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	07 January 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 March 2016	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Center (Dr Sapre)	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Surgery	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Center	20 August 2015	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Hth Ctr (Taylor)	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Center	10 September 2015	Good	Good	Good	Good	Good	Good
N84630	Netherton Health Center (Dr Jude)	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

9. Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st July local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018:

Provisional BCF DToC Metric Plans: due on 21/07/2017

Health and Well-Being Board Better Care Fund DToC Metric Planning

Selected Health and Well Being Board:

 Data Submission Period:

[Link to the Guidance tab](#)

Trajectory submitted – maintenance of
 • 22.11 delays per day or 3.06% - SS
 • 5.21 delays per day or 1% - SF

Delayed Transfers of Care		17-18 plans											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
NHS attributed delayed days	0.0	0.0	427.5	427.5	413.7	427.5	413.7	427.5	427.5	386.1	427.5	427.5	
NHS Liverpool CCG			25.9	25.9	25.1	25.9	25.1	25.9	25.9	23.4	25.9	25.9	
NHS South Sefton CCG			327.9	327.9	317.3	327.9	317.3	327.9	327.9	296.2	327.9	327.9	
NHS Southport and Formby CCG			71.6	71.6	69.2	71.6	69.2	71.6	71.6	64.6	71.6	71.6	
67% health attributable of total delays / 16% of which other CCGs													
Select any additional CCGs (if required)													
NHS West Lancashire CCG			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
NHS Knowsley CCG			2.1	2.1	2.1	2.1	2.1	2.1	2.1	1.9	2.1	2.1	
28% of total delays													
Social Care attributed delayed days			173.3	173.3	173.3	173.3	173.3	173.3	173.3	162.0	173.3	173.3	
= 20.5 delays per day *													
Jointly attributed delayed days			23.9	23.9	23.9	23.9	23.9	23.9	23.9	27.0	23.9	23.9	
5% of total delays													
Total Delayed Days	0.0	0.0	636.7	636.7	616.2	636.7	616.2	636.7	636.7	575.1	636.7	636.7	
Population Projection (SNPP 2014)	220,691	220,691	220,691	220,691	220,691	220,691	220,691	220,691	220,691	220,782	220,782	220,782	
Delayed transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	0.0	0.0	288.5	288.5	279.2	288.5	279.2	288.5	288.5	260.5	288.5	288.4	

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard.

The framework draws together in one place almost 60 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for the last three of these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

A dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between

the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Publication of quarter 4 data was released the middle of July, and on 21st July the annual CCG ratings for 2016/17 were released. Overall, the assessment for NHS South Sefton CCG of '*requires improvement*' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

Areas cited in the assessment as strengths or good practice include the following:

- The CCG's performance was at or above the level required for the majority of NHS Constitution standards
- The CCG has a good control environment in place, with significant assurance received on all internal audits including quality, stakeholder engagement and financial management
- The CCG has proper arrangements in all significant respects to ensure it delivered value for money in its use of resources
- The CCG's openness in relation to its financial challenges is recognised, as is the strong oversight provided by the governing body and committee structure
- The CCG took a constructive approach to the planning and contracting round, and signed all its main contracts ahead of the 23 December 2016 deadline
- The strong leadership role taken to date by the CCG within the sustainability and transformation planning (STP) process, in particular the contribution of the accountable officer to local delivery system work

Some of the areas of continued challenge and development cited by NHS England can be seen below:

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks
- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a significant challenge. Efforts should continue with system partners to reduce delayed transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives
- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View

10.2 Q4 Improvement & Assessment Framework Dashboard

Better Health							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 101a	n/d Maternal smoking at delivery 16-17 Q3	12.4%	↑	2/11	130/209	R 121a	n/a High quality care - acute 16-17 Q4	62	↑	5/11	44/209		
R 102a	n/d % 10-11 classified overweight 12/13 to 14/15	35.3%	↓	6/11	148/209	R 121b	n/a High quality care - primary ca 16-17 Q4	65	○	8/11	99/209		
R 103a	n/d Patients who achieved NICE t 2015-16	39.3%	↓	8/11	99/209	R 121c	n/a High quality care - adult soci: 16-17 Q4	60	○	4/11	114/209		
R 103b	n/d Attendance of structured educ 2014	7.9%	↑	4/11	67/209	R 122a	n/d Cancers diagnosed at early st 2015	49.1%	↑	7/11	167/209		
R 104a	X Injuries from falls in people 16-17 Q3	2,805	↑	9/11	200/209	R 122b	n/d Cancer 62 days of referral to 16-17 Q4	78.8%	↓	9/11	136/209		
R 105a	n/a Utilisation of the NHS e-referr 2017 03	21.7%	↓	11/11		R 122c	n/d One-year survival from all ca 2014	70.2%	↑	3/11	94/209		
R 105b	n/a Personal health budgets 16-17 Q4	8	↓	10/11	128/209	R 122d	n/d Cancer patient experience 2015	8.8	○	7/11	62/209		
R 105c	n/a % of deaths in hospital 16-17 Q2	50.2%	↓	5/11	65/209	R 123a	X IAPT recovery rate 2017 01	38.8%	↓	11/11	200/209		
R 105d	n/d LTC feeling supported 2016 03	63.8%	↑	8/11	118/209	R 123b	✓ EIP 2 week referral 2017 03	67.6%	↔	10/11	152/209		
R 106a	n/d Inequality Chronic - ACS 16-17 Q3	1,361	↓	10/11	192/209	R 123c	n/a MH - CYP mental health 16-17 Q4	40%	↔	9/11	146/209		
R 106b	X Inequality - UCS 16-17 Q3	2,927	↓	9/11	195/209	R 123d	n/a MH - Crisis care and liaison 16-17 Q4	47.5%	↔	10/11	191/209		
R 107a	✓ AMR: appropriate prescribing 2017 02	1.25	↓	7/11	193/209	R 123e	n/a MH - OAP 16-17 Q4	25.0%	↓	11/11	192/209		
R 107b	X AMR: Broad spectrum prescri 2017 02	8.0%	↑	7/11	70/209	R 124a	X LD - reliance on specialist IP 16-17 Q4	70	↑	3/11	146/209		
R 108a	n/a Quality of life of carers 2016 03	0.79	↑	2/11	117/209	R 124b	✓ LD - annual health check 2015-16	10.4%	○	11/11	209/209		
Sustainability							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 141a	n/a Financial plan 2016	Amber	○	4/11	88/209	R 125a	n/d Neonatal mortality and stillb 2015	8.4	↑	10/11	163/209		
R 141b	n/a In-year financial performanc 16-17 Q4	Red	↔	7/11	88/209	R 125b	n/a Experience of maternity servi 2015	81.2	○	6/11	75/209		
R 142a	n/a Improvement area: Outcomes 16-17 Q3		↔	1/11	1/209	R 125c	n/a Choices in maternity services 2015	67.0	○	6/11	72/209		
R 142b	n/a Improvement area: Expenditu 16-17 Q3		↔	1/11	1/209	R 126a	n/a Dementia diagnosis rate 2017 03	57.5%	↑	11/11	204/209		
R 143a	n/a New models of care 16-17 Q4	N	○			R 126b	n/d Dementia post diagnostic sup 2015-16	73.9%	↓	11/11	200/209		
R 144a	n/a Local digital roadmap in plac 16-17 Q4	Y	○			R 127a	n/a Delivery of an integrated urge 2017 01	5	↑	3/11	65/209		
R 144b	n/a Digital interactions 16-17 Q4	59.3%	○	9/11	142/209	R 127b	n/d Emergency admissions for UC 16-17 Q3	3,303	↓	7/11	186/209		
R 145a	n/a SEP in place 2016-17	Y	○			R 127c	X A&E admission, transfer, dis 2017 03	90.5%	↑	5/11	95/209		
Well Led							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 161a	n/a STP 2016-17	Green	○	1/11	1/209	R 127e	n/d Delayed transfers of care per 2017 03	12.8	↑	6/11	101/209		
R 162a	n/a Probity and corporate govern 16-17 Q4	Fully Compliant	↔	1/11	1/209	R 127f	n/d Hospital bed use following en 16-17 Q3	596.4	↑	10/11	186/209		
R 163a	n/a Staff engagement index 2016	3.70	↓	8/11	185/209	R 128a	X Management of LTCs 16-17 Q3	1,279	↓	9/11	192/209		
R 163b	n/a Progress against WRES 2016	0.12	○	7/11	94/209	R 128b	n/d Patient experience of GP servi 2016 03	81.2%	↑	11/11	182/209		
R 164a	n/a Working relationship effectiv 16-17	63.79	↓	9/11	158/209	R 128c	n/a Primary care access 2017 03	0.0%	↔	4/11	115/209		
R 165a	n/a Quality of CCG leadership 16-17 Q4	Amber	↓	7/11	108/209	R 128d	n/d Primary care workforce 2016 09	0.80	↓	11/11	189/209		
Key							Better Care						
						R 129a	✓ 18 week RTT 2017 03	93.5%	↑	6/11	38/209		
						R 130a	n/a 7 DS - achievement of standar 2016-17	0.0%	○	1/11			
						R 131a	n/a People eligible for standard 16-17 Q3	39.3	↓	8/11	122/209		

10.3 Clinical Priority Areas

Dementia		Cancer		Mental Health	
126a	Dementia diagnosis rate	57.5%	↑	42.3%	↑
		55.7% ↑	1.8%	38.8%	11.0%
126b	Dementia post diagnostic support	77.6%	↑	69.2%	↑
		73.9% ↓	3.7%	67.6%	1.7%
122a	Cancers diagnosed at early stage	49.1%	↑	40.0%	↑
		43.5% ↑	5.5%	40.0%	5.0%
				35.0% ↔	No calculation possible due to lack of z-scores
				16-17 Q1 16-17 Q4	
122b	Cancer 62 days of referral to treatment	90.7%	↑	47.5%	↑
		78.8%	16.2%	47.5%	5.0%
122c	One-year survival from all cancers	70.2%	↑	87.5%	↑
		60.3% ↑	9.9%	25.0%	75.0%
122d	Cancer patient experience	8.8	↑	12.5% ↓	No calculation possible due to lack of z-scores
		8.8	0.0%		16-17 Q1 16-17 Q4
123a	IAPT recovery rate				
123b	EIP 2 week referral				
123c	MH - CYP mental health				
123d	MH - Crisis care and liaison				
123e	MH - OAP				

11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance which is of concern.

South Sefton CCG's Month 3 Submission to NHS England

June 2017 Month 03	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3566	3654	2.5%	
Other	2134	2539	19.0%	The majority of the increase in month 3 appears to be due to data quality issues from Alder Hey's submission. A number of activity lines have been reported against CCGs instead of correctly aligning to NHSE. The rest of the increase is located within the CCGs main provider but levels are within the statistical norm for the past two years. Local referral figures suggest increases across a number of specialties and not focused in one specific area.
Total (in month)	5700	6193	8.6%	
Variance against Plan YTD	16530	16762	1.4%	
Year on Year YTD Growth			1.6%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5055	5312	5.1%	The areas of increase are focused in the CCGs local acute provider with Cardiology and General Medicine the main specialties. The overall increase year to date against plan is within the 3% threshold. This activity is monitored and queried via the contractual routes.
Follow Up	11513	11448	-0.6%	
Total Outpatient attendances (in month)	16568	16760	1.2%	
Variance against Plan YTD	47023	48113	2.3%	
Year on Year YTD Growth			7.4%	See above.
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	2053	2115	3.0%	Local monitoring of activity suggests the variance against plan both in month and year to date is within the 3% threshold, with June showing 1% increase and the year to date position at 0%.
Variance against Plan YTD	5758	5964	3.6%	
Year on Year YTD Growth			1.8%	
Urgent & Emergency Care				
Type 1	-	4154	-	
Year on Year YTD			4.1%	Local monitoring of activity shows A&E activity in line with plan both in month and year to date. Both time periods show a less than 1% increase. Type 1 attendances show a slight increase in month against 2016/17 activity at 2%, and year to date at 4%.
All types (in month)	8989	8430	-6.2%	
Variance against Plan YTD	27772	25903	-6.7%	
Year on Year YTD Growth			4.7%	
Total Non Elective spells (in month)	1630	1705	4.6%	The increase in June is located in Aintree and Alder Hey Trusts, with Aintree seeing higher numbers in General Medicine and General Surgery. Alder saw an increase in Accident & Emergency as well as Paediatric Surgery. The Emergency admission numbers are within the statistical norm and year to date the CCG is just over 1% above plan.
Variance against Plan YTD	5013	5032	0.4%	
Year on Year YTD Growth			0.4%	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18

Metric	Reporting Level	2017-18												YTD	
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	R									R	
		Actual	93.573%	94.653%	83.002%										89.91%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R											R	
		Actual	89.917%			-						89.917%			
		Target	93.00%			93.00%			93.00%			93.00%			
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R									R	
		Actual	93.846%	86.486%	84.416%									87.963%	
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R											R	
		Actual	87.963%			-						87.963%			
		Target	93.00%			93.00%			93.00%			93.00%			
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G									G	
		Actual	100.00%	98.507%	97.143%									98.515%	
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G											G	
		Actual	98.537%			-						98.537%			
		Target	96.00%			96.00%			96.00%			96.00%			

1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G										G	
		Actual	100.00%	-										100.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R													R	
		Actual	70.08%	65.92%	62.53%														66.142%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	R	R														G
		Actual	84.38%	70.69%	74.00%														76.35%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R													R	
		Actual	68.94%	64.43%	64.68%														65.974%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R	R														R
		Actual	69.73%	57.62%	60.30%														62.665%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R													R	
		Actual	92.54%	90.08%	89.39%														90.648%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	R	R	R														R
		Actual	93.83%	87.99%	90.00%														90.653%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G										G
		Actual	97.143%										97.143%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	G													G	
		Actual	-	100.00%	66.667%														80.00%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R													R	
		Actual	66.07%	65.52%	65.97%														
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Children and Young People with Eating Disorders

2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases)	South Sefton CCG	RAG																
		Actual	33.333%										33.333%					
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R										R					
		Actual	0%										-					
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%				

2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG	G													G	
		Actual	0														-
		Target	1		1		1		1		1		1		1		1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	South Sefton CCG	RAG	G														G
		Actual	0														-
		Target	1		1		1		1		1		1		1		1

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G													G	
		Actual	0	0	0														0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G														G		
		Actual	93.733%	94.171%	93.624%															93.842%	
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	G	G	G															G	
		Actual	0	0	0																0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R															R	
		Actual	2.207%	3.755%	4.059%																3.354%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G										G	
		Actual	0	0	0											0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG	R											R
		Actual	0.00%											-
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R										R	
		YTD	0	0	1											1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G										G	
		YTD	3	9	12											12
		Target	5	11	14	18	23	28	34	39	43	45	48	54	18	

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R												R		
		Actual	88.069%	82.213%	82.323%													83.981%	
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R													R	
		Actual	86.125%	78.775%	78.421%														81.003%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R													R	
		Actual	0	9	2														11
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/146	Author of the Paper: Martin McDowell Chief Finance Officer Email martin.mcdowell@southseftonccg.nhs.uk Telephone: 0151 247 7065
Report date: September 2017	

Title: Annual Audit Letter 2016-17

Summary/Key Issues:

The Annual Audit Letter summarises the key issues arising from the 2016-17 external audit at NHS South Sefton CCG. The letter was received by the Audit Committee in July 2017.

Governing Body members are asked to note that KPMG:

- Issued an unqualified opinion in relation to the CCG’s accounts. This means that KPMG believe the accounts give a true and fair view of the financial affairs of the CCG and of the income and expenditure recorded during the year.
- Confirmed that expenditure and income had been applied to the purposes intended by Parliament and that the financial transactions conform to the authorities which govern them. They also concluded that the CCG had put in arrangements to demonstrate that the CCG used its resources in an effective manner to secure Value for Money.

Recommendation	Receive <input checked="" type="checkbox"/>
The Governing Body is asked to receive this report.	Approve <input type="checkbox"/>
	Ratify <input type="checkbox"/>

Links to Corporate Objectives *(x those that apply)*

X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.

X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Presented to the Audit Committee on 13 th July 2017.

Links to National Outcomes Framework (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm



Annual Audit Letter 2016-17

NHS South Sefton Clinical Commissioning Group

July 2017

Contents

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This report is addressed to NHS South Sefton CCG (the CCG) and has been prepared for the sole use of the CCG. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

We are committed to providing you with a high quality service. If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Rob Jones, the engagement lead to the CCG, who will try to resolve your complaint. If you are dissatisfied with your response please contact the national lead partner for all of KPMG's work under our contract with Public Sector Audit Appointments Limited, Andrew Sayers (on 0207 6948981, or by email to andrew.sayers@kpmg.co.uk). After this, if you are still dissatisfied with how your complaint has been handled you can access PSAA's complaints procedure by emailing generalenquiries@psaa.co.uk, by telephoning 020 7072 7445 or by writing to Public Sector Audit Appointments Limited, 3rd Floor, Local Government House, Smith Square, London, SW1P 3HZ.





Introduction

Introduction

Background

This Annual Audit Letter (the letter) summarises the key issues arising from our 2016-17 audit at NHS South Sefton Clinical Commissioning Group (the CCG). Although this letter is addressed to the Members of the Governing Body of the CCG, it is also intended to communicate these issues to external stakeholders, such as members of the public. It is the responsibility of the CCG to publish this letter on the CCG's website.

In the letter we highlight areas of good performance and also provide recommendations to help the CCG improve performance where appropriate. We have reported all the issues in this letter to the CCG during the year and we have provided a list of our reports in the appendix to this letter.

Scope of our audit

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. Our main responsibility is to carry out an audit that meets the requirements of the National Audit Office's Code of Audit Practice (the Code) which requires us to report on:

<p>Financial Statements including the regularity opinion and Governance Statement</p>	<p>We provide an opinion on the CCG's financial statements. That is whether we believe the financial statements give a true and fair view of the financial affairs of the CCG and of the income and expenditure recorded during the year.</p> <p>We are also required to:</p> <ul style="list-style-type: none"> — form a view on the regularity of the CCG's income and expenditure i.e. that the expenditure and income included in the CCG's financial statements has been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them; — report by exception if the CCG has not complied with the requirements of NHS England in the preparation of its Governance Statement; and — examine and report on the consistency of the schedules or returns prepared by the CCG for consolidation into the Whole of Government Accounts (WGA) with our other work.
<p>Value for Money arrangements</p>	<p>We conclude on the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the CCG's use of resources.</p>



Introduction (cont.)

Adding value from the External Audit service

We have added value to the CCG from our service throughout the year through our:

- attendance at meetings with members of the Governing Body and Audit Committee to present our audit findings, broaden our knowledge of the CCG and provide insight into sector developments and examples of best practice;
- proactive and pragmatic approach to issues arising in the production of the financial statements to ensure that our opinion is delivered on time;
- incorporation of data analytics into our programme of work to, for example, identify high risk journals for testing; and
- strong and effective working relationship with Internal Audit to maximise assurance to the Audit Committee, avoid duplication and provide value for money.

Fees

Our fee for 2016-17 was £45,000 (2015-16: £45,000) excluding VAT. Our fees are set nationally by Public Sector Audit Appointments Ltd and the 2016-17 fee was in line with the fee agreed at the start of the year with the CCG's Audit Committee.

Acknowledgement

We would like to take this opportunity to thank the officers of the CCG for their continued support, both throughout the year, and during the period of our engagement as the CCG's external auditors.





Headlines

Headlines

This section summarises the key messages from our work during 2016-17.

<p>Financial Statements audit opinion</p>	<p>We issued an unqualified opinion on the CCG's accounts on 30 May 2017. This means that we believe the accounts give a true and fair view of the financial affairs of the CCG and of the income and expenditure recorded during the year.</p> <p>There was an adjusted audit difference within trade and other payables to reflect a presentational change to the disclosure note to ensure the accounts appropriately reflected the net position.</p> <p>There were no significant matters which we were required to report to 'those charged with governance'</p>
<p>Financial statements audit work undertaken</p>	<p>We are required to apply the concept of materiality in planning and performing our audit. We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of financial statements. Our materiality for the audit was £4 million (2015/16: £4 million).</p> <p>We identified the following risks of material misstatement in the financial statements as part of our External Audit Plan 2016/17:</p> <ul style="list-style-type: none"> — Risk 1 – Fraud risk from revenue recognition. Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk. In our External Audit Plan 2016/17 we reported that we do not consider the fraud risk from revenue recognition to be a significant audit opinion risk for the CCG. As the CCG receives a revenue resource allocation from the Department of Health, and has very little direct income, there is unlikely to be an incentive to fraudulently recognise revenue. This assessment remained the case at the conclusion of our work. Since we rebutted the presumed risk, there was little impact on our audit work. — Risk 2 – Fraud risk from management override of controls. Professional standards require us to communicate the fraud risk from management override of controls as significant because management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Our procedures, including testing of journal entries, accounting estimates and significant transactions outside the normal course of business, identified no instances of fraud.
<p>Regularity Opinion</p>	<p>We are required to form a view on the regularity of the CCG's income and expenditure i.e. that the expenditure and income included in the CCG's financial statements has been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.</p> <p>We reviewed the CCG's expenditure and income and in our opinion, in all material respects, it has been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.</p>



Headlines (cont.)

Governance Statement	We confirmed that the CCG complied with NHS England requirements in the preparation of the CCG's Governance Statement. No significant adjustments were required to the Governance Statement.
Whole of Government Accounts	We issued an unqualified Auditor Statement on the Consolidation Schedules prepared by the CCG for consolidation into the Whole of Government Accounts with no exceptions.
Value for Money (VFM) conclusion	We are required to report to you if we are not satisfied that the CCG has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Based on the findings of our work, we have nothing to report.
VFM conclusion risk areas	<p>We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks.</p> <p>Our work identified the following significant risks:</p> <ul style="list-style-type: none"> — Risk 1 – Progress in delivering financial targets and QIPP plans. The achievement of financial balance, whilst maintaining the quality of healthcare provision, is a key objective for all NHS organisations. The CCG has an initial agreed control total with NHSE to deliver a surplus of £2.45m. Our audit testing included the consideration of the CCG's financial outturn for 2016/17 and achievement against the QIPP plan during the year, monitoring of the latest financial plans for 2017/18 and review of the Internal Audit findings in respect of QIPP Governance. We concluded that the CCG's arrangements for the in-year delivery of the statutory breakeven target to have been effective and that there were no circumstances arising which would lead us to conclude that the CCG has not put in place proper arrangements to delivery value for money in 2016/17. — Risk 2 – Cheshire & Merseyside Sustainability and Transformation Plan (STP). In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health care services are built around the needs of local populations. To enable this, every health and care system in England produced a Sustainability and Transformation Plan. The CCG is one of twelve CCGs and 20 Providers involved in the Cheshire & Merseyside STP and is part of the North Mersey Local Delivery System. Our audit testing included the review of the arrangements in place in relation to the STP and the CCG's contributions in working towards the plans. No issues were identified that would impact on the VFM conclusion for the CCG.
Recommendations	We are pleased to report that there are no high risk recommendations arising from our 2016-17 audit work The CCG has implemented all agreed audit recommendations from prior years.
Public Interest Reporting	We have a responsibility to consider whether there is a need to issue a public interest report or whether there are any issues which require referral to the Secretary of State. After consideration we did not identify a need to do so for the CCG this year.

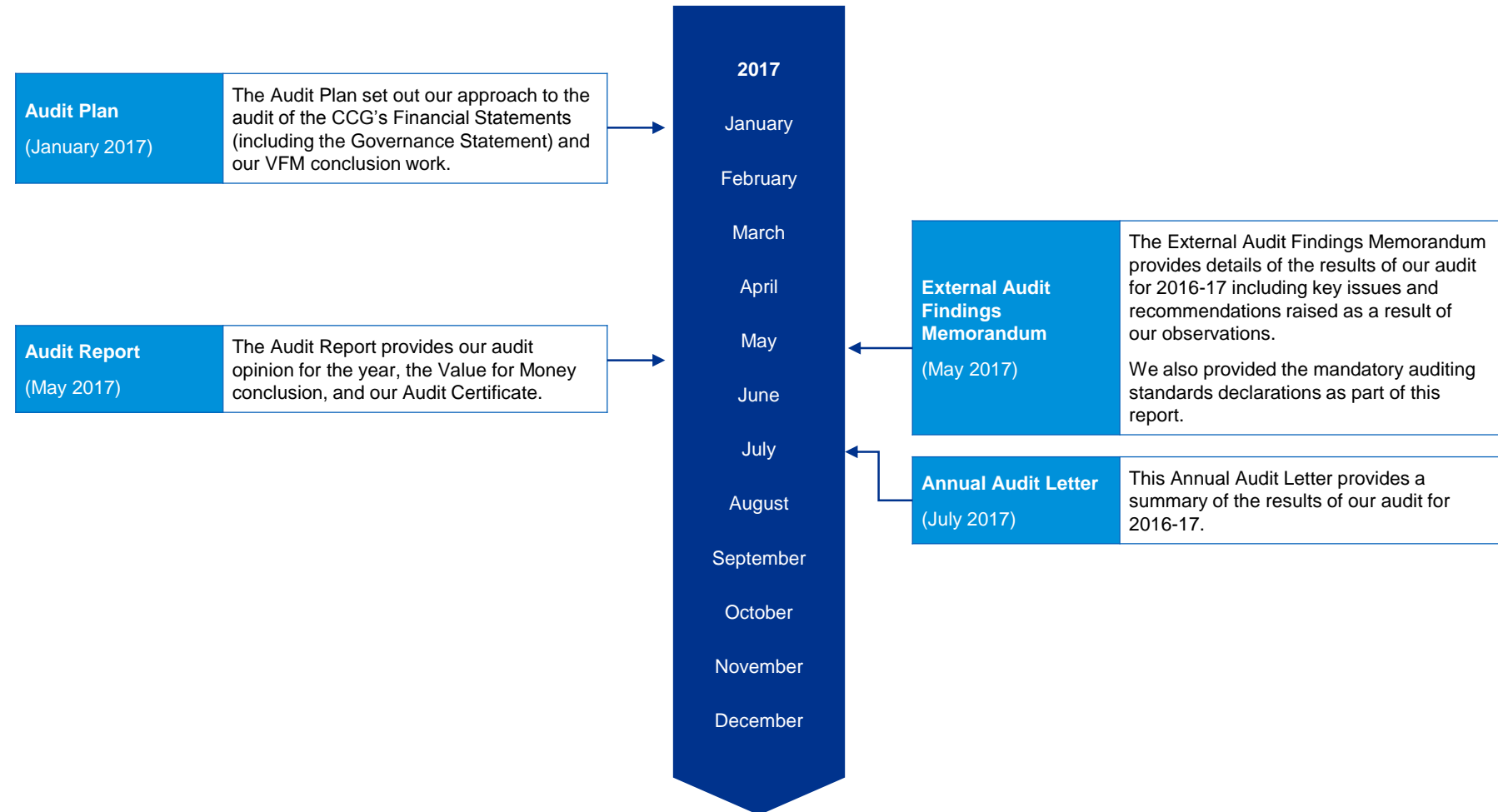




Appendix

Appendix

Summary of our reports issued





The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavour to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

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MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/147	Author of the Paper: Helen Smith Head of Safeguarding Helen.smith2@haltonccg.nhs.uk 0151 495 5469						
Report date: September 2017							
Title: Safeguarding Annual Report 2016/17							
<p>Summary/Key Issues:</p> <p>This is the fourth annual safeguarding report for NHS South Sefton CCG. The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to safeguarding children and adults at risk across the CCG area within the borough of Sefton.</p> <p>The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve this report.</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			Joint Quality Committee

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body SEPTEMBER 2017

1. Executive Summary

This is the fourth annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS South Sefton Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.

The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity including the change in commissioning arrangements for safeguarding function from 2017/18.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.

The annual report was presented at the CCG Joint Quality Committee in August.

2. Introduction and Background

This report provides assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and adults at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004 and the Care Act 2014. There is a separate report in respect of Children in Care (CIC) / Looked After Children.

This report will summarise achievements and activity undertaken in 2016-17, highlight recommendations for 2017-18 and will provide information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Safeguarding Children and Adult Boards and this report should be read in conjunction with Sefton Safeguarding Children and Safeguarding Adult Board annual reports

3. Key Issues

The Annual report provides the Quality Committee with an update of the developing and emerging safeguarding agenda which the CCGs have supported throughout the 2016-17 reporting period.

This includes updates on:

- The National Context including the Children and Social Work Bill, Mental Capacity Act/ Deprivation of Liberty Safeguards, Domestic abuse and Inspection Frameworks
- Local Context - Safeguarding Governance and Accountability Arrangements
- Progress against last year's priorities
- Effectiveness of Safeguarding Arrangements
- Learning and Improvement including training compliance
- Business priorities for 2017/18

4. Conclusions

This annual report provides a summary of progress against the safeguarding priorities set for 2016/17. It demonstrates the contribution to multi agency partnerships across the borough and provides assurance to the Governing Body that NHS South Sefton CCGis fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding children and adults at risk of harm.

5. Recommendations

The Governing Body is requested to approve the Annual report.

Helen Smith
Head of Safeguarding
August 2017

Safeguarding Annual Report 2016/17

Author: CCG Safeguarding Service

Date: August 2017



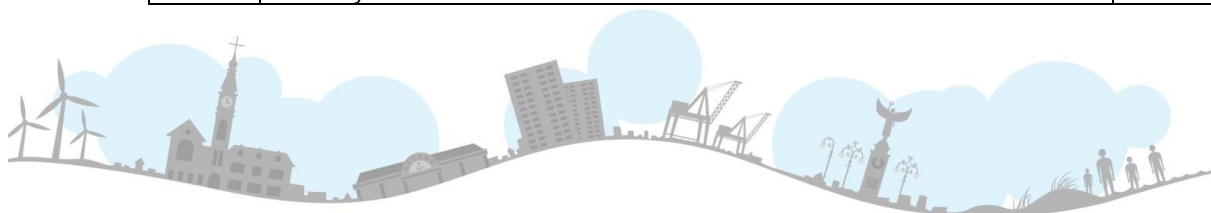
Foreword by the Chief Nurse for CCG

NHS South Sefton Clinical Commissioning Group (CCG) demonstrates a strong commitment to safeguarding children and adults within the local communities. There are strong governance and accountability frameworks within the Organisation which clearly ensure that safeguarding children and adults is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCG is to actively improve outcomes for children and adults at risk and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



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Executive Summary

This is the fourth annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS South Sefton Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.

The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity including the change in commissioning arrangements for safeguarding function from 2017/18.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.



1 Purpose of the report

This is the fourth annual safeguarding report to the CCG Governing Body.

This report provides assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and adults at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004 and the Care Act 2014. There is a separate report in respect of Children in Care (CIC) / Looked After Children.

Key areas of priority were established and reported in the Safeguarding Annual Report 2015-16 and progress against these priorities will be highlighted within this report. A number of areas will continually be prioritised for the CCG's as they are a core component of providing safeguarding assurance and therefore they will remain ongoing on future work plans.

This report will summarise achievements and activity undertaken in 2016-17, highlight recommendations for 2017-18 and will provide information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Safeguarding Children and Adult Boards and this report should be read in conjunction with Sefton Safeguarding Children and Safeguarding Adult Board annual reports.

2 National Context

2.1 Children & Social Work Bill

On 31st March 2016, the Wood Report was published, setting out a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children. Recommendations were presented which reviewed the model of Local Safeguarding Children Boards (LSCB), Serious Case Reviews (SCR) and Child Death Overview Panels (CDOP).

The Government responded in May 2016 to the Review of the role and functions of Local Safeguarding Children Boards.

2.1.1 Local Safeguarding Children Boards (LCSB)

- A new statutory framework will be introduced, which will set out clear requirements, but give local partners the freedom to decide how they operate to improve outcomes for children.
- The 3 key partners (local authorities, the police and the health service) will be required to make and publish plans showing how they will work together to safeguard and promote the welfare of children in the local area.



- All local organisations involved in the protection of children will be expected to cooperate with the multi-agency arrangements. They must help the key partners to understand how agencies are performing across the local area, and make evidence-based decisions.
- So that the key partners have the flexibility to respond to existing and emerging needs, the requirement for LSCBs to have set memberships will be removed. However if they see the current arrangements as the most effective form of joint working they will be able to continue them.
- Legislation and statutory guidance will be published to underpin the new framework. Arrangements for inspection and review will be established.
- In the event that the 3 key agencies cannot reach an agreement on how they will work together, or where arrangements are seriously inadequate, the Secretary of State will have power to intervene.

2.1.2 Serious Case Reviews (SCR)

- The current SCR system will be replaced with a system of national and local reviews. This will ensure that reviews are proportionate to the case they are investigating, and improve consistency, speed and under the new system, lessons from reviews will be captured and shared more effectively so that they can inform good practice.
- A National Panel will be established. This will be responsible for commissioning and publishing national reviews and investigating cases which will lead to national learning.
- Local partners will be required to carry out reviews into cases which are considered to lead (at least) to local learning. These should be published.

2.1.3 Child Death Overview Panels (CDOP)

As only 4% of child deaths relate to safeguarding, the government agrees to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst maintaining the focus on learning within child protection agencies.

The proposed reforms included in the Children and Social Work Bill received Royal Assent and became an act of parliament (Children & Social Work Act) in April 2017. A priority for the CCG for 2017-18, will be to engage with the LSCB in reviewing the revised statutory guidance (Working Together) due to be launched in Autumn 2017 in order that the CCGs remains a key stakeholder in any proposed changes to multi-agency arrangements and joint working.

2.2 Mental Capacity Act /Deprivation of Liberty Safeguards (MCA/DoLS)

Mental Capacity Amendment Bill

The Law Commission published its report and accompanying Draft Mental Capacity (Amendment Bill 2017) on March 13th 2017, proposing reforms to the Mental Capacity Act



2005 and the Deprivation of Liberty Safeguards (DoLS). These will be known in future as “Liberty Protection Safeguards” (LPS). A response is now awaited from the Government. Whilst substantive change is in the pipeline it is likely to be some time before these changes are in place.

2.2.1 Main key proposed changes

The final report recommends the repeal of DoLS as a matter of urgency. In its place, the Law Commission proposes the Liberty Protection Safeguards (LPS) will be covering a broader group of people than those currently covered by DoLS, which is presently restricted to placements in care homes and hospitals. The LPS will extend beyond this to include authorisations in a wide range of settings including supported living, shared lives schemes and domestic settings. The LPS would also extend to 16 and 17 year olds, presently the current arrangements require authorisations from the Court of Protection. Rather than relying on the court system, the new scheme provides a more cost effective way of ensuring authorisations can occur. Where a potential deprivation of liberty is identified, the responsibility will now be upon the commissioning organisations to arrange authorisation.

2.2.2 Coroners Change in Law

The Coroners and Justice Act 2009 has been amended so that people subject to authorisations under the Deprivation of Liberty Safeguards (known as DoLS) will no longer be considered to be ‘otherwise in state detention’. For the purposes of Section 1 of the Coroners and Justice Act 2009 where the deceased was subject to a DoLS authorisation, the coroner will no longer have a duty to conduct an inquest in all cases. This change will also apply in other cases where the deceased their deprivation of liberty authorised through provisions in the Mental Capacity Act 2005.

For any person with a DoLS authorisation or other deprivation of liberty authorisation under the Mental Capacity Act 2005 their death need only be reported to the coroner where the cause of death is unknown or where there are concerns that the cause of death was unnatural or violent, including where there is any concern about the care given having contributed to the persons death.

2.2.3 Birmingham Judgement

Birmingham City Council has lodged an appeal in relation to Birmingham City Council v D & Another [2016] EWCOP 8. This is in relation to the 2016 Judgement whereby



Mr. Justice Keehan held that things change when a young person reaches 16. It is not enough to rely on parental consent when a 16 year old is under continuous supervision, is not free to leave and such cases will always need a referral to the Court of Protection for authorisations (and, inevitably, annual review, at least until the young person falls within the scope of the Deprivation of Liberty Safeguards - DoLS (at age 18, if it is a registered setting).

The CCG Safeguarding Service is supporting health providers to implement adjustments to practice as a result of the amendments to the Bill. Key issues are discussed at the MCA forum chaired by the CCG MCA Coordinator

2.2.4 Domestic Abuse

The Home Office has produced new guidance relating to Domestic Abuse:

“Ending Violence Against Women and Girls strategy (2016-2020)”, which was published on 8 March 2016, sets out the Government’s vision to tackle domestic violence and abuse in all its forms. The strategy makes prevention and early intervention the foundation of the Government’s approach and recognises that responding to and raising awareness of domestic violence and abuse is ‘everyone’s business’.

The “Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews” was published in December 2016 and builds on the above strategy.

The main purpose of a Domestic Homicide Review (DHR) is to prevent domestic violence and homicide and improve service responses for victims by developing a coordinated multi-agency approach to ensure that abuse is identified and responded to effectively at the earliest opportunity. The main changes within this document highlight the importance of taking a holistic approach when considering the facts presented during scrutiny of practice by agencies and professionals. The CCG Safeguarding Service has a designated nurse lead who is working in partnership with Safety Partnership leads and health providers to support the domestic abuse agenda .

3 Local Context

Sefton has a population of 274,000, approximately a quarter are aged 0-19. Ethnic minorities represent 4.3% of the borough’s young people (under 18), representing 6% of children in need (0-18 year old) and 4.3% of children subject of a Child Protection Plan. Amongst 0-24 year olds the greatest number of percentage of non UK born residents is amongst Eastern European countries admitted to the EU since 2001, including Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Bulgaria, Romania and Slovenia.



In total there are approximately 10,455 children living in workless households in Sefton, approximately 19% of 0-19 year olds. Approximately one in five children live in low income families. Nearly three quarters of all low income families are also a lone parent family which is higher than the national rate of 68%.

There are 33 GP practices in South Sefton and 19 GP practices within Southport and Formby.

On 31st March 2016 there were 254 children with a Child Protection Plan. On 31st March 2017 there were 235 children with a Child Protection Plan. This is categorised as: 56.3% emotional, 25.8% neglect, 12.7% physical, 2.5% sexual. This equates to a 7% drop in emotional and 10% increase in neglect from March 2016.

The CCGs and Partner agencies continue work together to ensure that this information informs future commissioning arrangements.

3.1 NHS South Sefton and NHS Southport and Formby CCGs Safeguarding Governance and Accountability Arrangements

To meet with national safeguarding requirements, the CCGs commission a Hosted Safeguarding Service. The hosting arrangements remain with the CCGs as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. Separate commissioning arrangements ensure the provision of the expertise of a Designated Doctor and Named GP. All of these professionals act as clinical advisors to the CCG on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCG on Sefton Local Safeguarding Children and Adult Boards and who is also a member of the CCG Governing Body.

The safeguarding service meets on a monthly basis with the Chief Nurse to review emerging safeguarding concerns, ongoing work streams and agendas from a children and adult perspective to ensure CCG oversight of activity.

Safeguarding reports are presented to the Quality Committee on a quarterly basis to appraise the CCG of current safeguarding activity and developments and includes performance reports for commissioned services against the specific safeguarding Key Performance Indicators (KPIs).

The CCGs continues to work in partnership with statutory agencies and third sector to support safe and effective delivery of services against the safeguarding agenda.

The Designated Safeguarding Professionals and CCG Quality Team are members of Sefton



LSCB (main and executive Board) and SAB and the sub groups including the Practice Review Panel (chaired by the Chief Nurse), Policy & Procedures (chaired by the Designated Nurse Safeguarding Children), Performance & Quality Assurance, health sub group, Child Exploitation, Learning Development, all of which have a function of scrutinising frontline practice across all Partner agencies. This overview adds further dimension to the CCG performance information received within the contractual process which supports assurance or the identification of risk within the system.

Multi agency Safeguarding Arrangements

Each CCG has a statutory duty to work in partnership with LSCB/SABs in conducting SCR/ Adult Reviews in accordance with Working Together to Safeguard Children (2015) and Care Act 2014.

The CCGs Designated Professionals coordinate and evaluate health sector input into SCRs and SARs and provide professional scrutiny and where necessary, relevant challenge to the process. The CCGs support in ensuring that all health related actions following the review are carried out according to the timescale set out by the SCR/SAR panel.

Sefton LSCB and Sefton SAB are the key statutory bodies overseeing multiagency child and adult safeguarding arrangements across Sefton. The Boards are comprised of senior leaders from a range of organisations with basic objectives defined within Children Act (2004) and the Care Act 2014:

- To coordinate the safeguarding work of agencies
- To ensure that this work is effective

CCGs have a statutory duty to be members of the LSCB and SAB, working in partnership with Local Authorities to fulfil their safeguarding responsibilities.

From April 2017 Sefton SAB will become part of a Joint Safeguarding Adults Boards covering Sefton, Wirral, Knowlsey and Liverpool areas.

4 Summary of Progress and areas of work supported in 2016/17

4.1 Child Sexual Exploitation (CSE)

CSE continues to be a priority for the CCGs and LSCB within Sefton and the CCGs remains fully engaged in this agenda.

The 2009 guidance 'Safeguarding children and young people from sexual exploitation' has been updated and replaced with 'Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation'.



The guidance launched on the 1st March 2017, includes the revised definition of CSE as:

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology'.

The CCG Safeguarding Service has received assurance that health providers have taken account of the revised definition.

Specific CSE KPI data continues to be collated by commissioned services to evidence engagement in the agenda with oversight from the CCG Quality Committee. The CSE data required for submission throughout 2016-17, has been strengthened to include submission of a Training Needs Analysis in respect of CSE and the supervision of cases that are subject to a MACSE (Multi-Agency CSE) action plan.

The requirement for a CSE lead in each organisation has been incorporated into section 32 of the standard NHS contract from April 2016.

The CCG Safeguarding Service continues to be represented at National, Regional and local forums to ensure national and local developments are embedded within the local health economy.

Throughout this reporting period there has been a change in local arrangements following the development of the Liverpool City Region Vulnerable People's Strategic Forum.

There are a number of sub groups from this forum, one of which being *Exploitation* (previously CSE, and previously what was known as the 'Gold' Group). The group will be wider than CSE and will now extend to child exploitation, missing and trafficking and include representation from each LA area, police and 'health'/ CCG.

A City Region Child Exploitation Task and Finish Group will report into the Exploitation Group and will be responsible to progress 3 key areas, including:

- Review and development of a PAN Merseyside Child Exploitation Strategy and Child Exploitation Protocol to cover sexual exploitation, criminal exploitation, trafficking and other forms of exploitation, ensuring links to missing children protocols.
- Development of a communications strategy in relation to all elements of exploitation aimed at key groups (Professionals, Young People, Parents and Carers, Wider community).



- Development of a PAN Merseyside Child Exploitation multi-agency data set and co-ordinate collation of data, in order to provide the Strategic Exploitation Group with oversight of the issue in Merseyside.

The Pan Merseyside CSE health sub group has continued to meet on a quarterly basis and throughout the reporting period, commissioned services have compiled and progressed with CSE action plans based on the National Working Group recommendations from recent reviews.

4.2 Lessons learned from NHS investigation into matters relating to Jimmy Savile

The Safeguarding Service had previously obtained assurances from commissioned health services around compliance against Lampard report recommendations within 2015-16 reporting period. These action plans were reviewed and progressed within commissioned services internal safeguarding assurance meetings. Following a Cheshire and Merseyside Quality Surveillance Group meeting in December 2016, a further request was made for assurance from providers around the Lampard report recommendations. This was completed by the Safeguarding Service on behalf of the CCG and a position statement against specific standards provided to NHS England. There remain some national discrepancies in relation to the recommendations from the Lampard review for 3 yearly Disclosure and Barring Service (DBS) checks; however no Trust has been assessed as having an area of high risk. The Safeguarding Service will continue to monitor progress until all recommendations are implemented, through internal assurance groups.

4.3 Independent Inquiry into Child Sexual Abuse (formerly the Goddard Inquiry)

In March 2016, NHS England and Verita produced a self-assessment checklist for provider organisations to support a 'proactive stance' to be taken in preparing to meet the expectations of the Goddard Inquiry. The CCG incorporated the checklist into a template for commissioned health care providers to complete and included an action plan for completion against any areas self-rated as amber or red.

The actions plans were received into the safeguarding service in Quarter 2 to enable identification of key themes and areas of outstanding action.

In addition, the Safeguarding Service benchmarked itself against the standards within the checklist and presented to the Quality Committee for oversight of its current position. The Quality Committee agreed that processes were in place for the standards and however rather than being assured that the providers of such services had '*effective*' safeguarding arrangements in place, it was agreed that CCGs have assurance processes to monitor safeguarding arrangements for their effectiveness which would range from limited to significant level of assurance.



4.4 Deprivation of Liberty Safeguards (DoLS)

In response to the unprecedented increase in requests for DoLS authorisation nationally, the Association of Directors of Adult Social Services (ADASS) has developed a priority tool to assist local authorities in determining the most urgent requests. Those patients who have been identified as a priority will be assessed within the 7 day period prior to the urgent authorisation lapsing.

Within the Sefton Borough, the acute hospitals are continuing to send in urgent requests and have been advised by the Supervisory Body (Sefton local Authority) to add a further 7 days onto these requests to allow more time for them to respond. However, many of the patients may be discharged during this extended period. This is a picture that is reflected across the country.

4.5 Domestic Abuse

The CCG remains engaged in the domestic abuse agenda working in Partnership with Sefton Local Authority and third Sector Organisations. The CCG Safeguarding Service has identified a lead Designated Nurse and is reviewing the current MAPPA and MARAC arrangements in relation to information requests from Primary Care. In line with the recommendations from DHR actions plans, current work streams are underway that involve the promotion of a two way partnership working with the Acute Trusts and Primary Care with the implementation of information sharing processes that inform and contribute to the MARAC/MAPPA processes. A benchmarking exercise has been undertaken and the Designated Nurse will continue to work closely with the Community Safety Partnership and with commissioned health services in relation to this increasing agenda. This will remain a priority in the 2017/18 work plan for the CCG Safeguarding Service as part of the wider harmful practice agenda.

4.6 Nursing Homes

The Safeguarding Service have reviewed and strengthened the reporting mechanism (database) which will enable the team to identify emerging themes from safeguarding notifications in relation to allegations of abuse within nursing home settings. The identification of the emerging themes have informed the Quality Improvement Team on areas of concern within nursing homes, with the aim to focus on these areas when completing quality assurance visits, thus improving quality and service improvement.

In addition, a flow chart and standard operating procedure has been produced to advice multi agency partners within our health economy of Adult Safeguarding engagement arrangements with Section 42 enquiries (Care Act 2014) and Safeguarding strategy meetings which lead to oversight of safeguarding/criminal investigations in respect of patients residing in nursing homes.



Multi agency engagement is also currently underway in respect of producing a strengthened multi agency dashboard (at a glance information system) which is rag rated red/amber/green for each nursing home to provide information on the standard of care deliver. The dashboard is to include CQC inspection ratings, infections control outcomes, environmental health inspections outcomes, end of life care provision, highlight the number of safeguarding notifications submitted against the care home inclusive of themes and emerging outcomes of investigations. The dashboard will be accessible to all multi agency partners and will inform focus areas for improvement.

4.7 Child Protection Information Sharing (CP-IS)

CP-IS is an NHS England sponsored work programme dedicated to delivering a higher level of protection to children who have been identified as affected by abuse or neglect when they visit NHS commissioned unscheduled care settings such as emergency departments, Urgent Care Centres and Walk in Centres. CP-IS features within the NHS Standard Contract (section 32.8 of Service Conditions) which is mandated by NHS England for use by commissioners for all contracts for health care services other than primary care.

Sefton Local Authority went live with CP-IS in January 2016.

In December 2016, Guidance for Designated Professionals Safeguarding Children & Child Protection -Information Sharing (CP-IS), was published, to support the role of the Designated Nurse to monitor CP-IS implementation by provider organisations.

A CP-IS Implementation meeting was convened for commissioned services in November 2016 with the CP-IS Team (NHS England & NHS Digital) to support health providers in the implementation process prior to the 2018 deadline.

Health providers were asked to complete and return a CP-IS position statement template in order to map organisational readiness across the Sefton Health economy. The Safeguarding Service has ensured update reports have been provided through the LSCB Health sub group, which has also facilitated the development of multiagency CP-IS guidance between the Local Authority and health partners.

During the reporting period, one of the commissioned health providers has already implemented the system prior to the 2018 implementation deadline.

The Designated Nurse will continue to support implementation throughout 2017-18 which will also include primary care unscheduled settings.

4.8 Policy Reviews

The Safeguarding Service has ensured the CCG remains compliant with its policies including the following updates:



- Safeguarding Policy (v8) to reflect the revised Cheshire and Merseyside Safeguarding Commissioning Standards (2016)
- Safeguarding Declaration (2016)

Further updates and revisions will be required in 2017-18 and include:

- Safeguarding Strategy
- Safeguarding Policy (review due November 2017)

4.9 Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS)

4.9.1 MCA/DoLS Forum

The MCA/DoLS Forum was set up in February 2017 and is chaired by the MCA/DoLS Co-ordinator from the Safeguarding Service. The core group membership comprises of MCA/DoLS Health Leads/Co-ordinators across the Merseyside areas: Aintree University Hospital and Southport & Ormskirk Hospital are members of this forum. The group adopt a shared learning approach identifying good practice and relevant quality standards in MCA/DoLS. The group will report, escalate issues and make recommendations/suggestions to the North Regional MCA/DoLS Forum.

The group is responsible for promoting compliance with The Mental Capacity Act, developing good practice across the Merseyside footprint, overseeing progress against any work plan, sharing local best practice and building on areas identified within north regional safeguarding repository. Individual group members are responsible for disseminating information and guidance within their areas of work.

4.9.2 Partnership Working

The CCG Safeguarding Service has continued to work closely with the Sefton Local Authority DoLS Team and the Safeguarding and MCA/DoLS Leads from Aintree University Hospital (AUH) and Southport and Ormskirk (S&O). The CCG MCA/DoLS co-ordinator has regular meetings with both provider Safeguarding Leads to discuss Key Performance Indicators (KPIs) and to share and discuss queries, concerns and individual issues relating to MCA/DoLS. Issues of concern identified from both Health and Social Care have been addressed. There has been a marked improvement in the quality of some applications made by the Acute Services and the Safeguarding Service will continue to support this area of work throughout the coming year. The MCA/DoLS co-ordinator attends Sefton LA DoLS Operational and Team Meetings and also the Sefton Best Interest Assessment (BIA) Forum.



5 Effectiveness of Safeguarding Arrangements

5.1 Inspection Frameworks

During February and March 2016, Sefton LSCB was reviewed as part of the Ofsted Single Inspection Framework of Sefton Local Authority's services for children in need of help and protection, Children in Care / Looked After Children and Care Leavers.

The final report, published in July 2016, judged the LSCB as being 'inadequate' because it was not discharging all of its statutory functions as set out in national guidance published in March 2015. Much of the work however was identified as *good* and some *very good*.

An LSCB Improvement Plan was produced to address the areas that required strengthening. This has been progressed throughout the reporting period with input from the LSCB statutory partners including the CCG and Designated Professionals. Completion of the action plan is expected in July 2017.

In November 2016, Sefton was subject of a Joint local area Special Educational Needs and Disability (SEND) inspection conducted by Ofsted and the Care Quality Commission to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The outcome of the inspection determined that a Written Statement of Action was required to be submitted from the Local Authority and the CCGs which was completed in April 2017. Although outside of the reporting period, progress can be reported against the developed action plan, with commencement of a health working group which includes membership from the Designated Safeguarding and LAC Nurses. This action plan will be progressed throughout 2017-18.

The CCG have continued to support commissioned health providers to be 'inspection ready' for the variety of inspections that both the CCG and services could be required to contribute to.

Briefing meetings have continued to be delivered to health providers in respect of the Joint Targeted Area Inspection (JTAI) themes (Feb-August 2016: CSE; Sept-May 2017: Domestic Abuse) to prepare for any announcement of JTAI, whilst ensuring that the CCG itself was prepared through update of Annex A submission. The Designated Nurse has also supported Public Health Commissioners in understanding the range of inspections and potential evidence requests that their commissioned services would be engaged with.

As part of the JTAI inspection preparation, the CCG completed and presented a 'true for us' presentation to the LSCB (December 2016) based on the inspection report in respect of Domestic Abuse in Salford.

The CCG has a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged. Throughout the reporting period the scrutiny of this function has been reviewed through external oversight including:



LSCB Section 11 Audit and action plan

- A full self-assessment by the CCG against the Section 11 standards was submitted within the 2015-16 reporting period. The corresponding action plan to strengthen any areas not reaching full compliance was progressed throughout 2016-17 with oversight of the CCG Quality Committee. There is one outstanding area in relation to supervision which will be completed within 2017.

NHS England Safeguarding Assurance process

- In April 2016 NHSE formally assessed the CCGs against a regionally determined safeguarding framework to assess the effectiveness of arrangements to discharge their safeguarding responsibilities in respect of both children and adults agenda. Feedback received in May 2016 highlighted 3 areas of 'low risk' that required strengthening. An action plan was developed and progressed to evidence required standards. This action plan has been overseen by the Quality Committee.
- The action plan has been progressed and there remains one 'ongoing' action in respect of annual review of safeguarding capacity.
- An NHS England North CCG Safeguarding Assurance Process Report and Headline Findings report was produced in October 2016. The report highlighted the positive position of both South Sefton and Southport & Formby CCGs compared with all 66 CCGs across NHS England North region. The summary report highlighted that capacity within key safeguarding posts was a key risk with 77% of CCGs unable to demonstrate adequate resources in line with levels articulated in the relevant Intercollegiate Document (2014).
- Consequently NHS England recommended that CCGs should review capacity and workload within key safeguarding posts on an annual basis to ensure they meet safeguarding statutory requirements. This has been incorporated into the CCG action plan.

5.2 Multi Agency Audit

As a statutory member of the LSCB, the CCG is fully engaged in the multiagency audit cycle, through the Designated Nurse and Named GP membership of the audit pool. Throughout the reporting period the CCG and its commissioned services have supported the LSCB multiagency Domestic Abuse audit. A number of recommendations have been identified for single health agencies. The subsequent action plan has been shared with the CCG Quality Committee where CCG specific recommendations were overseen. Recommendations relating to commissioned health services will also be overseen by the Safeguarding Service at a number of forums including the LSCB Health sub group and Trust Safeguarding



Assurance Groups. The CCG also has oversight of a number of recommendations through the current safeguarding Quality Schedule and the Quality Team will ensure key areas are raised with commissioned services through the Clinical Quality Performance Groups.

5.3 Scrutiny Visits

The CCG has supported the LSCB's and SAB's scrutiny function of partner agencies through conducting and supporting scrutiny visits of the partnership services including Merseyside Police, Sefton Adult Social Care, Sefton Council for Voluntary Services and Sefton Carers.

5.4 Performance Monitoring

As reported previously the CCG has a statutory duty to ensure that all health providers from whom services are commissioned promote the welfare of children and protect adults from abuse or the risk of abuse; and are able to demonstrate that outcomes for children, young people and adults at risk are improved. The CCG remains committed to working collaboratively with commissioned services and utilise a number of approaches to ensure that there is an acceptable level of assurance provided within the system to demonstrate safe, efficient and quality services are being delivered and that safeguarding responsibilities are safely discharged. Where the level of assurance has not been evidenced and agreed progress has not been achieved then contractual levers have been evoked all of which have been agreed and monitored via the Clinical Quality and Performance Group meetings. In more exceptional circumstance then the CCG will work collaboratively with NHS England and other regulatory partners within a Quality Surveillance Group to gain a shared view of risks to quality through sharing intelligence.

During the reporting year the CCG has continued to apply a performance notice and monitor recovery plans with one Trust and initiated a second notice on a separate Trust.

5.5 Commissioning services/ procurement

The Safeguarding Service has supported the CCG in its commissioning and procurement role, providing oversight of the safeguarding arrangements and requirements of newly commissioned services including community nursing services (North Sefton).

The Designated Nurse for Safeguarding Children, in the role of having oversight of the health economy, with the CCG Chief Nurse, have also engaged in Public Health commissioning of the 0-19 year service within Sefton. This has enabled potential risks to be identified and managed within the system as services transacted to a different provider.

6 Learning and Improvement



6.1 Training

The CCG continues to promote the learning and development of staff; safeguarding training is part of the mandatory schedule for all CCG employees. The Quality Team and Safeguarding Service have worked together to ensure that the CCG Training Needs Analysis accurately reflects the current roles and safeguarding (children and adult) training requirements. The Table below provides the end of year uptake. (March 2017)

	% Compliance
L1 Safeguarding Children	85.7%
L1 Safeguarding Adults	89.8%
L2 Safeguarding Children	69.2%
L2 Safeguarding Adults	61.5%
SS CCG Governing Body member training	69%
S&F CCG Governing Body member training	77%

Specific training has been delivered to Governing Body members to ensure compliance as per Intercollegiate Document requirements and is evidenced in the increased in compliance over the year (48%, March 2016). Further training will be provided and a training package available for newly appointed members to achieve compliance outside of scheduled training delivery sessions.

In July 2016 the Named GP chaired the Safeguarding Protected Learning Time Event, supporting GPs in achieving their level 3 Safeguarding Children training requirements. The event was supported by the wider Safeguarding Service and included presentations from the multi-agency partnership on Private Fostering, Ofsted Inspection highlights, Domestic Abuse, CSE and MASH processes.

6.2 Child Death Overview Panel (CDOP)

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough) is conducted. This is achieved within the Pan Merseyside Child Death Overview Panel (CDOP), a sub group of Sefton LSCB, to enable learning to be gained and analysed across a broader footprint.

During the period 1st April 2016 to 31st March 2017, 112 child deaths were notified to CDOP across the five LSCB areas in Merseyside, 16 of these were Sefton children. Of these 16 deaths, 13 were concluded as non-modifiable (meaning nothing could have been done to prevent this death), and 3 had modifiable factors.

The CCG is committed to the work of CDOP which includes membership through the Safeguarding Service at panel meetings, which includes separate meetings for neonatal deaths (0-27 days). Work to deliver against the 2017-18 CDOP priorities will continue to be



supported through the Safeguarding Service membership of the group and will include monitoring the effectiveness of the Merseyside wide Safe Sleep campaign as well as implications of Baroness Kennedy's report 'Sudden unexpected death in infancy and childhood: multiagency guidelines for care and investigation' (November 2016) for the current Pan Merseyside 'rapid response' to child deaths.

Through membership of the CCG Serious Incident Panels, the Safeguarding Service are able to provide further oversight of cases that have also undergone scrutiny through these processes.

6.3 Practice Reviews

The CCG Safeguarding Service has led on two learning reviews that have been overseen by the LSCB Practice Review Panel.

- Single agency (health) Practice Learning Review
- Multiagency Practice Review

Single health agency actions from these reviews have been shared with the LSCB and CCG Quality Committee. Progress against these actions will be monitored by the LSCB Practice Review Panel, which will be chaired by CCG Chief Nurse from May 2017.

There have been no Serious Adult Reviews within the reporting period.

7 Business priorities 2017/18

- Ensure that the CCG is compliant with statutory safeguarding responsibilities requirements; including the oversight and management of progression against action plans for section 11 scrutiny, NHSE assurance and other safeguarding frameworks.
- Support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB and LSAB improvement plans and priorities. This will include supporting the CCGs in implementing the Children and Social Work Act – Wood Report and the Kennedy review - CDOP
- Continue to support the agenda, the implementation of guidance and improve quality in practice in relation to Harmful Practices, Asylum, Refugee programme, Trafficking with an increased focus on Modern Slavery
- Support the SEND inspection plan and implementation.



- Continue to support the CCGs and Provider Trust work plans to improve the quality of Transition arrangements.
- Undertake a review of health support to nursing homes where safeguarding issues are evidenced.
- Continue to work with Partner Agencies to review the MAPPA and MARAC arrangements supporting the Domestic Abuse Agenda.

8. Business Continuity

Throughout the reporting year there have been significant changes to the structure of the Safeguarding Service.

In October 2016 the CCG recruited a Designated Nurse for Looked After Children and a Designated Nurse for Safeguarding Adults in November 2016. The Head of Children's Safeguarding left the service in February 2017.

NHS St Helens CCG withdrew from the shared service arrangement in July 2016 and NHS Knowsley CCG withdrew from the arrangement in January 2017. The nurses supporting NHS Knowsley CCG also supported NHS Halton CCG for both children and adults.

Throughout, the Safeguarding Service has continued to support the Sefton children and adults safeguarding agenda and has represented the CCGs at National safeguarding forums and the LCSB and SAB.

9 Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2016/17. It demonstrates the contribution to multi agency partnerships across the borough and provides assurance to the Governing Body that NHS South Sefton and NHS Southport and Formby CCGs are fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding children and adults at risk of harm.

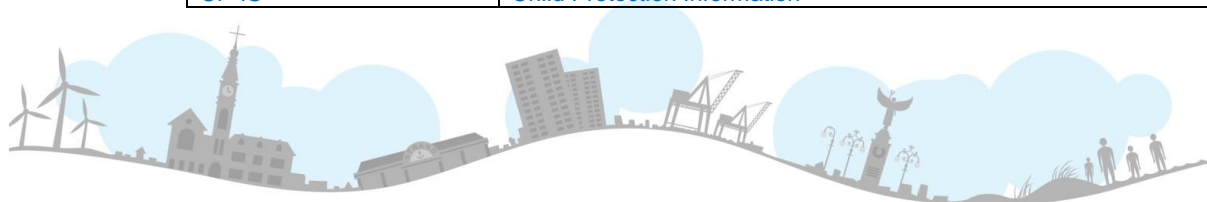


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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.

Glossary	
CCG	Clinical Commissioning Group
MCA	Mental Capacity Act
DoLs	Deprivation of Liberty Safeguard
CQC	Care Quality Commission
HMIC	Her Majesty's Inspectorate of Constabulary
HMI Probation	Her Majesty's Inspectorate of Probation
JTAI	Joint Targeted Area Inspection
YOS	Youth Offending Service
CSE	Child Sexual Exploitation
Named GP	Named General Practitioner
MASH	Multi Agency Safeguarding Hub
HSCIC	Health and Social Care Information Centre
FGM	Female Genital Mutilation
DfE	Department for Education
MACSE	Multi-agency Child Sexual Exploitation Meetings
LSCB	Local Safeguarding Children Board
LSAB	Local Safeguarding Adult Board
DNLAC	Designated Nurse Looked After Children
NHSE	NHS England
KPI	Key Performance Indicator
NSF	National Service Framework
DBS	Disclosure Barring Service
LA	Local Authority
CQPG	Clinical Quality Performance Group
QSG	Quality Surveillance Group
SI	Serious Incident
DHR	Domestic Homicide review
CDOP	Child Death Overview Panel
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
NICE	National Institute for Clinical Excellence
CIC	Children in Care
SCR	Serious Case Reviews
LPS	Liberty Protection Safeguards
SAB	Safeguarding Adult Board
SAR	Serious Adult Review
MACSE	Multi-Agency CSE
ADASS	Association of Directors of Adult Services
CP-IS	Child Protection Information



AUH	Aintree University Hospital
S & O	Southport and Ormskirk Hospital
BIA	Best Interest Assessment Forum
DBS	Disclosure and Barring Service
SEND	Special Educational Needs and Disability
AUH	Aintree University Hospital
S&O	Southport and Ormskirk



MEETING OF THE GOVERNING BODY SEPTEMBER 2017

<p>Agenda Item: 17/148</p>	<p>Author of the Paper: Debbie Fairclough Interim Chief Operating Officer Debbie.fairclough@southseftonccg.nhs.uk 0151 247 7000</p>						
<p>Report date: September 2017</p>							
<p>Title: Establishing Audit Committees in Common for NHS South Sefton CCG and NHS Southport and Formby CCG.</p>							
<p>Summary/Key Issues:</p> <p>The CCG is facing a challenging financial year and every opportunity needs to be taken to improve organisational efficiency and effectiveness as well as exploring greater opportunities to work more closely with other CCGs. South Sefton CCG has a track record of working closely and collaboratively with Southport and Formby CCG and has established a number of joint committees to maximise the opportunities for greater efficiencies at committee level. This paper recommends the establishment of Audit Committees in Common between NHS South Sefton CCG and NHS Southport and Formby CCG.</p>							
<p>Recommendations</p> <p>The Governing Body is asked to approve the proposed arrangements to create an Audit Committees in Common</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
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Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement		x		
Clinical Engagement		x		
Equality Impact Assessment		x		
Legal Advice Sought	x			
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body
September 2017

1. Introduction and background

The CCG is facing a challenging financial year and every opportunity needs to be taken to improve organisational efficiency and effectiveness as well as exploring greater opportunities to work more closely with other CCGs. South Sefton CCG has a track record of working closely and collaboratively with Southport and Formby CCG and has established a number of joint committees to maximise the opportunities for greater efficiencies at committee level.

The Joint QIPP Committee was established in May 2016 and the Joint Quality Committee was established in July 2016 at the same time greater alignment was agreed between the respective Remuneration Committees. All committees have performed well and delivered the objectives as set out in their terms of reference. This was confirmed as part of the recent MIAA assessment that provided significant assurance on the arrangements in place.

Working in this way has reduced the number of meetings freeing up capacity and resource at multiple levels within the organisation as well as exploiting opportunities for greater alignment of audit committee priorities. The above committees have been established under the legislative reform order 2014 provisions enabling CCGs to form joint committees in respect of commissioning functions.

Guidance issued by the Good Governance Institute in conjunction with Hill Dickinson in 2017.¹ confirmed that the Legislative reform Order 2014 that enabled, *inter alia*, the establishment of joint committee between CCGs does not apply to statutory Audit Committees as the order relates to commissioning functions only. Therefore the proposal is for the arrangements to be established as committees in common.

2. Committees in common

The guidance issued by the Good Governance Institute confirmed that CCGs are permitted to delegate functions and responsibilities to committees of the CCG. If this committee meets at the same time, in the same location as other committees (from other CCGs) it is referred to as committees in common. It is the place and time that meetings are held that is in common rather than the committees themselves. In order for committee meetings in common to operate consistently with the legal framework, several requirements must be met:

- Each committee must have its own agenda, although they may be identical
- Each committee must take its own decisions and these must be recorded in its own minutes
- It must be technically possible for each committee in the arrangement to reach a different decision although this will be unlikely
- There must be clear terms of reference for each committee and clear reporting lines back to each CCG
- For audit committees the members of each committee must be members of the respective CCG governing body. Where there is a single chair presiding over the business of all the committees meeting in common, he or she must be a member of the governing body of each CCG represented. For audit committees CCGs will also need to consider any impact on the relationship with their auditors

¹ <https://www.good-governance.org.uk/wp-content/uploads/2017/04/Joint-committees-and-committees-in-common-in-CCGs-How-to-keep-within-the-law.pdf>

The CCG's Audit Committee Chair is not a member of NHS Southport and Formby CCG so it is proposed that the Audit Committees in Common will be jointly chaired by the respect CCGs Audit Committee Chair, with the agreement that facilitation of each meeting shall rotate between chairs to enable smooth and effective running.

For committees in common to run smoothly, each committee needs to have the same agenda. Only one discussion takes place about each agenda item and then each committee makes its own decision. Regardless of any arrangements permitting decisions to be made following discussion by committees in common, each CCG retains individual accountability for any decisions taken on behalf of their local populations.

3. Establishing Audit Committees in Common

It is proposed that the Governing Bodies of South Sefton CCG and Southport and Formby CCG support the creation of "audit committees in common" that will meet at the same time and the same place at least six times per year.

Both existing Committees Chairs agreed that this was appropriate to better meet the needs of the respective CCGs in terms of consolidating financial, governance and audit expertise into a single forum. There is also benefit to be gained in terms of the executive and management resource required to run two separate committees when a majority of the business is the same across both CCGs.

The agenda will be designed to enable full and open discussion on matters relating to both CCGs and only members of the relevant CCG audit committee will be able to vote on matters relevant to their respective CCG. This is entirely consistent with the existing terms of reference for each CCG.

4. Terms of Reference

The terms of reference of the CCG's Audit Committee, the membership, delegations and reporting requirements to the governing body remain unchanged and therefore the existing terms of reference remain extant.

5. Membership and attendees

The audit committee membership for each CCG will remain as it is now. It should be noted that both committees are currently supported by the CCGs Chief Finance Officer, Chief Nurse and the same individual internal auditors, external auditors and counter fraud specialist so meeting in this way will ensure a much more efficient and effective use of management and audit resource.

6. Administration and reporting

The Audit Committees in Common shall be administered by an appropriate secretary. The secretary will be responsible for ensuring that papers are circulated ahead of the meeting, any declarations are made ahead of meetings in accordance with the CCGs policies and that minutes and key issues relating to the relevant CCG governing bodies are submitted in the usual way.

7. Recommendation

The governing body is asked to approve the creation of the Audit Committees in Common

Debbie Fairclough
Interim Chief Operating Officer
September 2017

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/149	Author of the Paper: Tracy Jeffes Chief Delivery and Integration Officer						
Report date: September 2017	E mail: Tracy.Jeffes@southportandformbyccg.nhs.uk Tel no: 0151 247 7224						
Title: Emergency Preparedness, Resilience and Response Assurance and Improvement Plan							
Summary/Key Issues: The CCG is required to provide NHSE with assurance in relation to its emergency preparedness, resilience and response plans (EPRR) by 22nd September 2017. This paper presents the Governing Body with a self-assessment of the CCG's performance against the core standards, an improvement plan for 2017/8 and a statement of compliance which demonstrates "Substantial Compliance" with only one "amber" rated area.							
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Recommendation</td> <td style="width: 30%; text-align: right;">Receive <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Approve <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Ratify <input type="checkbox"/></td> </tr> </table> <p>The Governing Body is asked to approve</p> <ol style="list-style-type: none"> i. the assessed level of compliance and ii. the EPRR improvement plan and work plan <p>The Governing Body is also asked to consider the nomination of a non-Executive Governing Body member to take a portfolio lead for EPRR in response to the additional deep dive governance action plan.</p>		Recommendation	Receive <input type="checkbox"/>		Approve <input checked="" type="checkbox"/>		Ratify <input type="checkbox"/>
Recommendation	Receive <input type="checkbox"/>						
	Approve <input checked="" type="checkbox"/>						
	Ratify <input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.

	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees				Will be presented to Corporate Governance Group and Finance and Resource Committee

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body September 2017

1. Executive Summary

This paper presents the Governing Body with a self-assessment of the CCG's performance against the EPRR core standards, progress against the 2016/17 improvement plan, an improvement plan for 2017/8, a high level work plan for 2017 and a statement of compliance which demonstrates "Substantial Compliance."

2. Introduction and Background

- 2.1 The Accountable Officer for the Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. The CCG must be aware of its responsibilities in preparing for and for responding to emergencies and is required to undertake a self-assessment and issue a statement of compliance on an annual basis, which this year needs to be returned by 22nd September 2017. This paper sets out the CCG's self-assessment statement and improvement plan.
- 2.2 The CCG has assessed itself as demonstrating substantial compliance against NHSE's levels for compliance. Substantial is defined as "*arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A workplan is in place that the Governing Body has agreed*". This conclusion has been reached following a thorough self-assessment which identified one "amber" area in which the CCG was not fully compliant and has been identified within the associated action plan. This is an improvement on 16/17, when there were four "ambers" identified.
- 2.3 The CCG is supported in its EPRR responsibilities by Midlands and Lancashire Commissioning Support Unit (MLCSU) who are commissioned to offer expertise, strategic advice and practical delivery in relation to this area of work. They have assisted with this assessment and are commissioned to lead on aspects of work related to the core standards.

3. Key Issues

- 3.1 The core standard which has been identified as "amber" in this year's assessment relates to the arrangements for "exercising" our plans, which, although are in development, will not be concluded until the autumn, following approval of our updated Business Continuity Plans. This action is highlighted in our improvement plan.
- 3.2 In addition to the assessment against the core standards, a "deep dive" into EPRR governance has been added this year and although these do not form part of the main assurance process, can help further develop good practice. Two actions have emerged, firstly to enhance our wording in our annual report in relation to EPRR compliance and secondly to identify a non-executive member of the Governing Body to hold this portfolio area.

4. Conclusions

The CCG has continued to develop its EPRR work over the last year, addressing actions within its improvement plan. The self-assessment for 2017-8 indicates an improvement in terms of a reduction in the number of “amber” rated areas, but acknowledges that this is an area for continuous development and will work to implement the action plan and 17/8 improvement plans once approved.

5. Recommendations

Recommendation

The Governing Body is asked to approve

- i. the assessed level of compliance against the EPRR core standards
- ii. the EPRR improvement plan and work plan

The Governing Body is also asked to consider the nomination of a non-Executive Governing Body member to take a portfolio lead for EPRR in response to the additional deep dive governance action plan.

Appendices

Appendix 1: CCG Statement of Compliance (to be signed following GB approval)

Appendix 2: Self-Assessment against the EPRR Core Standards

Appendix 3: EPRR Core Standards Improvement Plans

- Progress against 2016/7 Plan
- 2017/8 Plan
- Deep Dive Governance Plan

Appendix 4: CCG Annual EPRR Work Plan

Tracy Jeffes
Chief Delivery and Integration Officer
September 2017

**Cheshire & Merseyside Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2017-2018**

STATEMENT OF COMPLIANCE

NHS South Sefton CCG has undertaken a self-assessment against required areas of the the [NHS England Core Standards for EPRR v5.0](#).

Following assessment, the organisation has been self-assessed as demonstrating the Substantial compliance level (from the four options in the table below) against the core standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place and the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Partial	Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board or Governing Body and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red	Standards rated as Amber	Standards rated as Green
38	0	1	37
Acute providers: 60** Specialist providers: 51** Community providers: 50** Mental health providers: 48** CCGs: 38			

****Also includes HAZMAT/CBRN standards applicable to providers: Standards: Acutes 14 / Specialist, Community, Mental health 7 Ambulance Service are required to report statements for 3 compliance levels as stated on page 6 of the Gateway letter 06967**

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

Date of board / governing body meeting

Date signed

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
GOVERNANCE				
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)	None	<ul style="list-style-type: none"> Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. 	<p>Fiona Taylor, Chief Officer</p>
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	<p>Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect:</p> <ul style="list-style-type: none"> the undertaking of risk assessments and any changes in that risk assessment(s) lessons identified from exercises, emergencies and business continuity incidents restructuring and changes in the organisations changes in key personnel changes in guidance and policy. 	<ul style="list-style-type: none"> Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. 	<p>LHRP work plan developed and maintained through consultation. CSU work plan submitted. Approved by Governing Body in September 2017. 2017-18 work plan received.</p> <p>Debriefing process incorporated into CCG plans.</p> <p>Governing Body Assurance Framework requirements reviewed by Governing Body. Last submitted Jul-17.</p> <p>EPRR and Business Continuity functions commissioned from Midlands and Lancashire CSU (MLCSU).</p>
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	<p>Arrangements are put in place for emergency preparedness, resilience and response which:</p> <ul style="list-style-type: none"> Have a change control process and version control Take account of changing business objectives and processes Take account of any changes in the organisations functions and/ or organisational and structural and staff changes Take account of any updates to risk assessment(s) Take account of change in key suppliers and contractual arrangements Have a review schedule Use consistent unambiguous terminology Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested Key staff must know where to find policies and plans on the intranet or shared drive Have an expectation that a lessons identified report should be produced following exercises, emergencies and/ or business continuity incidents and share for each exercise or incident and a corrective action plan put in place Include references to other sources of information and supporting documentation 	<p>This budget and resource should be proportionate to the size and scope of the organisation.</p>	<p>The CCG's Business Continuity Policy and Strategy, Business Continuity Plan and Incident Response Plan provide the framework for the CCG's response to disruptive events.</p> <p>Business Continuity Plan and Incident Response Plan demonstrate version control and indicate an annual review arrangement. The plans were approved by the CCG's Corporate Governance Group and Finance and Resources Committee in Sep-17 and this approval will be reported to the Governing Body in Nov-17 for assurance.</p> <p>MLCSU provides advice and support, training, reports and reviews the plans.</p> <p>Plans held on CCG intranet.</p> <p>Monthly EPRR brief compiled by MLCSU and sent to the CCG. Circulated to all CCG Senior Managers.</p> <p>The EPRR budget is held within the general corporate budget held by the Chief Delivery and</p>

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
4	The accountable emergency officer will ensure that the Board and/or Governing Body will receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standard	After every significant incident a report should go to the board/governing body or appropriately delegated governing group. Must include information about the organisations position in relation to the NHS England core standards self assessment		National cyber security incident 12-May-17. EPRR report compiled by MLCSU and submitted to CCG twice a year. Report to Governing Body Sep-16. EPRR Core Standards assurance document approved by Governing Body in Sep-16.
DUTY TO ASSESS RISK				
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: - severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); - staff absence (including industrial action); - the working environment, buildings and equipment (including denial of access); - fuel shortages; - surges and escalation of activity; - IT and communications; - utilities failure; - response a major incident / mass casualty event - supply chain failure; and - associated risks in the surrounding area (e.g. COMAH and iconic sites) There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an emergency as well as external risks eg. Flooding, COMAH sites etc.	<ul style="list-style-type: none"> Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments Version control Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. Sharing appropriately once risk assessment(s) completed 	CCG Business Continuity Plan and Incident Response Plan updated annually and risks/threats identified. Risk taken into account within the BC Plan. Risks to the wider health economy identified in the LHRP Risk Register. MLCSU attends LHRP Practitioner Group and Strategic Group. NHS England represents Health at the LRF. LHRP Risk Register (Jul-17) received. Risks to CCG identified through the business continuity process.
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	Other relevant parties could include COMAH site partners, PHE etc.		LHRP attended by MLCSU. LRF attended by NHS England. MLCSU provides a monthly EPRR brief to the CCG which is circulated to all CCG Senior Managers.
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.			Risks considered within the CCG and cascaded appropriately. Risks affecting external agencies cascaded via LHRP representation.
DUTY TO MAINTAIN PLANS - EMERGENCY PLANS AND BUSINESS CONTINUITY PLANS				
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	Relevant plans: • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses	V1.0 approved Sep-17.
9	Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	• identify locations which patients can be transferred to if there is an incident that requires an evacuation;	V1.0 approved Sep-17.
11		Severe Weather (heatwave, flooding, snow and cold weather)	• outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;	Business Continuity Plan V1.0 approved Sep-17.
12		Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)	• take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres;	Business Continuity Plan V1.0 approved Sep-17.
15		Fuel Disruption	• include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required;	Business Continuity Plan V1.0 approved Sep-17.
16		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	• make sure the mental health needs of patients involved in a significant incident or emergency are	Business Continuity Plan V1.0 approved Sep-17.

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
17		Infectious Disease Outbreak	involved in a significant incident of emergency are met and that they are discharged home with suitable support	Business Continuity Plan V1.0 approved Sep-17.
18		Evacuation	<ul style="list-style-type: none"> ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met. for each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate. 	Health and Safety Plan for building evacuation.
20		Utilities, IT and Telecommunications Failure		Business Continuity Plan V1.0 approved Sep-17.
24	Ensure that plans are prepared in line with current guidance and good practice which includes:	<ul style="list-style-type: none"> Aim of the plan, including links with plans of other responders Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions Trigger for activation of the plan, including alert and standby procedures Activation procedures Identification, roles and actions (including action cards) of incident response team Identification, roles and actions (including action cards) of support staff including communications Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes Contact details of key personnel and relevant partner agencies Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	<ul style="list-style-type: none"> Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: Being able to provide evidence of an approval process for EPRR plans and documents Asking peers to review and comment on your plans via consultation Using identified good practice examples to develop emergency plans Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down Version control and change process controls List of contributors References and list of sources Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services). 	Business Continuity Plan, Crisis Management Plan and Incident Response Plan meet good practice guidance. Documentation approved by the CCG's Corporate Governance Group and Finance and Resources Committee in Sep-17 and this approval will be reported to the Governing Body in Nov-17 for assurance. Version control in place.
25	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Enable an identified person to determine whether an emergency has occurred <ul style="list-style-type: none"> Specify the procedure that person should adopt in making the decision Specify who should be consulted before making the decision Specify who should be informed once the decision has been made (including clinical staff) 	<ul style="list-style-type: none"> Oncall Standards and expectations are set out Include 24-hour arrangements for alerting managers and other key staff. 	Triggers and escalations included in plans. Crisis Management Plan contains suggested actions. CCG part of the North Mersey On Call Group providing 24/7 on call response.
26	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Decide: <ul style="list-style-type: none"> Which activities and functions are critical What is an acceptable level of service in the event of different types of emergency for all your services Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities 		BIA process identifies all key processes and ranks them in order of recovery. Recovery Time Objective identified. BIA's produced between Jan-17 and Jun-17. Data collected informed the Business Continuity Plan approved by the CCG's Corporate Governance Group and Finance and Resources Committee in Sep-17.

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
28	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content		• Specify who has been consulted on the relevant documents/ plans etc.	Key CCG staff input to BIA process.
29	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold) at the end of an incident.		Debrief process contained in Incident Response Plan and Business Continuity Plan.
COMMAND AND CONTROL (C2)				
30	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	CCG part of the North Mersey On Call Group providing 24/7 on call response. Rota administration undertaken by MLCSU. Call Centre operating provided by Office Link. On Call Pack produced and updated quarterly by MLCSU.
31	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.	CCG On Call Managers have attended a training session delivered by MLCSU. Chief Commissioning and Redesign Officer and Chief Delivery and Integration Officer attended a JESIP training session on 21-Sep.
32	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the loggist .	This should be proportionate to the size and scope of the organisation.	Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/co0ordination centre and manage any events required.	Incident Control Centre details included in plans. NHS South Sefton CCG Merton House Bootle AND Curzon Road Southport Decision logging included in plans.
33	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.			Decision logging included in plans.
34	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.			Sample SITREPs/CRIPs in plan.
DUTY TO COMMUNICATE WITH THE PUBLIC				

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
37	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	<p>Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about:</p> <ul style="list-style-type: none"> - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements <p>Communications arrangements/ protocols:</p> <ul style="list-style-type: none"> - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations. 	<ul style="list-style-type: none"> • Have emergency communications response arrangements in place • Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous information campaigns to inform the development of future campaigns • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'. • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work. 	Communications lead within the CCG (Head of Communications). NHS England Communications would support out of hours. Website input managed by the CCG.
38	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		<ul style="list-style-type: none"> • Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk. 	Other systems in place, mobile telecoms, email, iPad available, remote access through VPN or equivalent.
INFORMATION SHARING - MANDATORY REQUIREMENTS				
39	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	<ul style="list-style-type: none"> • Where possible channelling formal information requests through as small as possible a number of known routes. • Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. • Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). • Social networking tools may be of use here. 	Information sharing protocol in place.
CO-OPERATION				
40	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		<ul style="list-style-type: none"> • Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate. • Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups • Taking lessons learned from all resilience activities • Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives • Establish mutual aid agreements • Identifying useful lessons from your own practice and those learned from collaboration with other 	NHS England represents Health at strategic LRF group.
41	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		<ul style="list-style-type: none"> • Establish mutual aid agreements • Identifying useful lessons from your own practice and those learned from collaboration with other 	MLCSU attends LHRP (Strategic and Practitioner) and circulates minutes and key issues through a monthly EPRR briefing document. LHRP receives details of incidents and exercises undertaken by participating providers. Best practice and lessons learned shared.

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
42	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues	Via Command and Control and NHS England.
45	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	• Having a list of contacts among both Cat. 1 and Cat 2. responders within the Local Resilience Forum(s) / Borough Resilience Forum(s) area	Via Command and Control. CCG On Call will support NHS England at a TCG if required to do so and will provide local information and channels of communication.
48	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level			MLCSU attends LHRP (Strategic and Practitioner) and circulates minutes and key issues through a monthly EPRR briefing document.
TRAINING AND EXERCISING				
49	Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	<ul style="list-style-type: none"> - Staff are clear about their roles in a plan - A training needs analysis undertaken within the last 12 months - Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. - Training is linked to the Joint Emergency Response Interoperability Programme (JESIP) where appropriate - Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective - Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective 	<ul style="list-style-type: none"> • Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice • Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles • Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises • Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. 	On Call Management Training delivered on 25-Apr-17. Training Needs Analysis in progress and will inform CCG On Call Training Plan.
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	<ul style="list-style-type: none"> - Exercises consider the need to validate plans and capabilities - Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. - Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. - If possible, these exercises should involve relevant interested parties. - Lessons identified must be acted on as part of continuous improvement. - Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective 	<ul style="list-style-type: none"> • Developing and documenting a training and briefing programme for staff and key stakeholders • Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward • Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) • Communications exercise every 6 months, table top exercise annually and live exercise at least every three years 	On-going exercising of plans by CCG each year and identified in annual work plan. All relevant LHRP exercises offered to on call personnel. Business Continuity Exercise planned for 10-Oct-17.
51	Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency exercises			Attendance at multi-agency exercises where appropriate. Attendance at LHRP and LRF Exercises as appropriate. Chief Commissioning and Redesign Officer and Chief Delivery and Integration Officer attended a JESIP training session on 21-Sep.
52	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.			Yes.

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED	ACTION TO BE TAKEN	LEAD	TIMESCALE
DEEP DIVE - GOVERNANCE							
DD1	The organisation's Accountable Emergency Officer has taken the result of the 2016/17 EPRR assurance process and annual work plan to a public Board/Governing Body meeting for sign off within the last 12 months.	<ul style="list-style-type: none"> The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting or Governing Body, within the last 12 months The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes. 	<ul style="list-style-type: none"> Organisation's public Board/Governing Body report Organisation's public website 	Yes. Sep-17.			
DD2	The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	<ul style="list-style-type: none"> There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report 	<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public website 	No.	CCG's 2017 Core Standards level of compliance to be published in the CCG's 2017-18 annual report and on the CCG website.	Tracy Jeffes	30-Jun-18
DD3	The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	<ul style="list-style-type: none"> The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio. The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings 	<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public Board/Governing Body report Organisation's public website Minutes of meetings 	No.	Appoint a qualifying governing body member to this role. Agree role description and governance arrangements. Identify governing body member on CCG website and in 2017-18 annual report.	Tracy Jeffes	31-Dec-17
DD4	The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	<ul style="list-style-type: none"> The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function. 	<ul style="list-style-type: none"> Minutes of meetings 	EPRR is a monthly item on the Senior Management Team Meeting agenda.			
DD5	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program. The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings 	Yes.			
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings 	100% attendance at LHRP Strategic level via MLCSU representation with dissemination of all LHRP meeting minutes, information requests, updates and reporting to the CCG.			

Cheshire & Merseyside EPRR Core Standards Improvement Plan 2017-18

Organisation: South Sefton CCG

ACTIONS AND PROGRESS FROM 2016 / 2017

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Update on progress since last year
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident in so far as is practical	Business Impact Analysis from all heads of service to be undertaken to ensure current CCG structure reflected in priorities	BIA to be undertaken and the BC plan updated to reflect the new priorities. New CSU service to provide support	BIAs completed and BC plan produced
13	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content	Staff at the CCG to have taken part in the business impact analysis and have undertaken a familiarisation exercise	BIA to be updated and the new BC Plan updated to reflect the new priorities. Exercise for staff to be undertaken following revision of BCP	BIAs completed by CCG staff with CSU support. BC plan produced. Exercise due to take place on 10-Oct-17
36	Demonstrate organisation wide appropriate participation in multi-agency exercises	More staff to attend multi-agency exercises to broaden experience and skills within the organisation	Increased number of on call staff involved in multi-agency events	Access to exercises improved through listing in monthly EPRR Brief. On going.
DD1	Organisation has undertaken a business impact analysis	Although initial work was undertaken, this needs reviewing to improve quality	BIA to be undertaken and the BC plan updated to reflect the new priorities.	Completed
Pan Flu 3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months	To attend an exercise.	CSU to liaise with LHRP regarding appropriate training to be delivered within the next six months	Exercise reports received and reviewed. Exercise Cygnus (Oct-16) not attended.

Add further rows as required

ACTIONS ARISING FROM 2017 / 2018 ASSURANCE PROCESS

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work	Undertake exercising of business continuity plan	Run a business continuity exercise to test the plan and the CCG response. Implement learning from exercise report	Oct-17 Dec-17

Add further rows as required

Please attach a copy of the responses to the governance deep dive standards

Cheshire & Merseyside EPRR Core Standards Improvement Plan 2017-18

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED	ACTION TO BE TAKEN	LEAD	TIMESCALE
DEEP DIVE - GOVERNANCE							
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DD2	The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	<ul style="list-style-type: none"> There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report 	<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public website 	No.	CCG's 2017 Core Standards level of compliance to be published in the CCG's 2017-18 annual report and on the CCG website.	Tracy Jeffes	30-Jun-18
DD3	The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	<ul style="list-style-type: none"> The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio. The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings 	<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public Board/Governing Body report Organisation's public website Minutes of meetings 	No.	Appoint a qualifying governing body member to this role. Agree role description and governance arrangements. Identify governing body member on CCG website and in 2017-18 annual report.	Tracy Jeffes	31-Dec-17
DD4	The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	<ul style="list-style-type: none"> The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function. 	<ul style="list-style-type: none"> Minutes of meetings 	EPRR is a monthly item on the Senior Management Team Meeting agenda.			
DD5	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program. The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings 	Yes.			
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings 	100% attendance at LHRP Strategic level via MLCSU representation with dissemination of all LHRP meeting minutes, information requests, updates and reporting to the CCG.			

NHS South Sefton CCG

Annual Work Programme 2017-18

EPRR and Business Continuity

EPRR	
Activity	Date
LHRP Strategic Meetings	Quarterly (as scheduled by NHS England)
LHRP Practitioner Meetings	Quarterly (as scheduled by NHS England)
EPRR Briefing Document	Monthly
Co-ordination, Administration and Publication of On Call Rota	Apr-17, Jul-17, Oct-17, Jan-18
Maintenance of On Call Pack	Apr-17, Jul-17, Oct-17, Jan-18
Collation of On Call Activity Reports	Ongoing
Co-ordination of EPRR Core Standards Submission	Sep-17
Incident Response Plan Revision	Aug-17 (to follow BCP revision)
Incident Response Plan Exercise	Jan-18
Assurance Reports	Oct-17 and Apr-18
On Call Training and Training Needs Assessment	Apr-17, Jan-Feb-18

BUSINESS CONTINUITY	
Activity	Date
Business Continuity Management System	Jun-Aug-17 and Feb-Apr-18
Business Continuity Plan Exercise	Sep-17
Assurance Reports	Oct-17 and Apr-18
Staff Training	To be scheduled

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/150	Author of the Paper: Mel Wright Planning Lead Melanie.wright@southseftonccg.nhs.uk
Report date: September 2017	
Title: Better Care Fund: Update	
Summary/Key Issues: The purpose of this report is to provide the Governing Body an update on the development of Sefton's Better Care Fund 2017-19.	
Recommendation <div style="float: right;"> Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/> </div> <p>The Governing Body is asked to receive this report and to approve delegated responsibility to the Chair and Chief Officer to formally sign off of the BCF submission, followed by ratification by the Governing Body in October 2017.</p>	

Links to Corporate Objectives *(x those that apply)*

	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	√			Responds to previous engagement on integrating services and addressing needs highlighted in the Joint Strategic Needs Assessment.
Clinical Engagement	√		x	Individual schemes have received clinical input where appropriate.
Equality Impact Assessment			x	
Legal Advice Sought		√		Will be required for associated section 75.
Resource Implications Considered	√			
Locality Engagement			x	
Presented to other Committees	√			

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body September 2017

1. Introduction and Background

- 1.1. The Department of Health (DH) and the Department for Communities and Local Government (DCLG) have published a detailed policy framework¹ for the implementation of the Better Care Fund (BCF) in 2017-18 and 2018-19. This was developed in partnership with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and NHS England. The framework forms part of the NHS England Mandate for 2017-18. It requires NHS England to issue these further detailed requirements to local areas on developing BCF plans for 2017-18 and 2018-19.
- 1.2. The purpose of this report is to bring the Governing Body up to date with developments as to production of Sefton's Better Care Fund 2017-19.

2. Policy Requirements

- 2.1. Key changes to the policy framework since 2016-17 include:
 - a requirement for plans to be developed for the two-year period 2017-2019, rather than a single year; and
 - the number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four.
- 2.2. The four national conditions require:
 - that a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board and by the constituent Local Authority and CCGs;
 - a demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
 - that a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
 - all areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.
- 2.3. The reduction in national conditions is intended to focus the conditionality of the BCF, but does not diminish the importance of the issues that were previously subject to conditions. These remain key enablers of integration. Narrative plans should describe how partners will continue to build on improvements locally against these formal conditions to:
 - develop delivery of seven day services across health and social care;
 - improve data sharing between health and social care; and
 - ensure a joint approach to assessments and care planning.

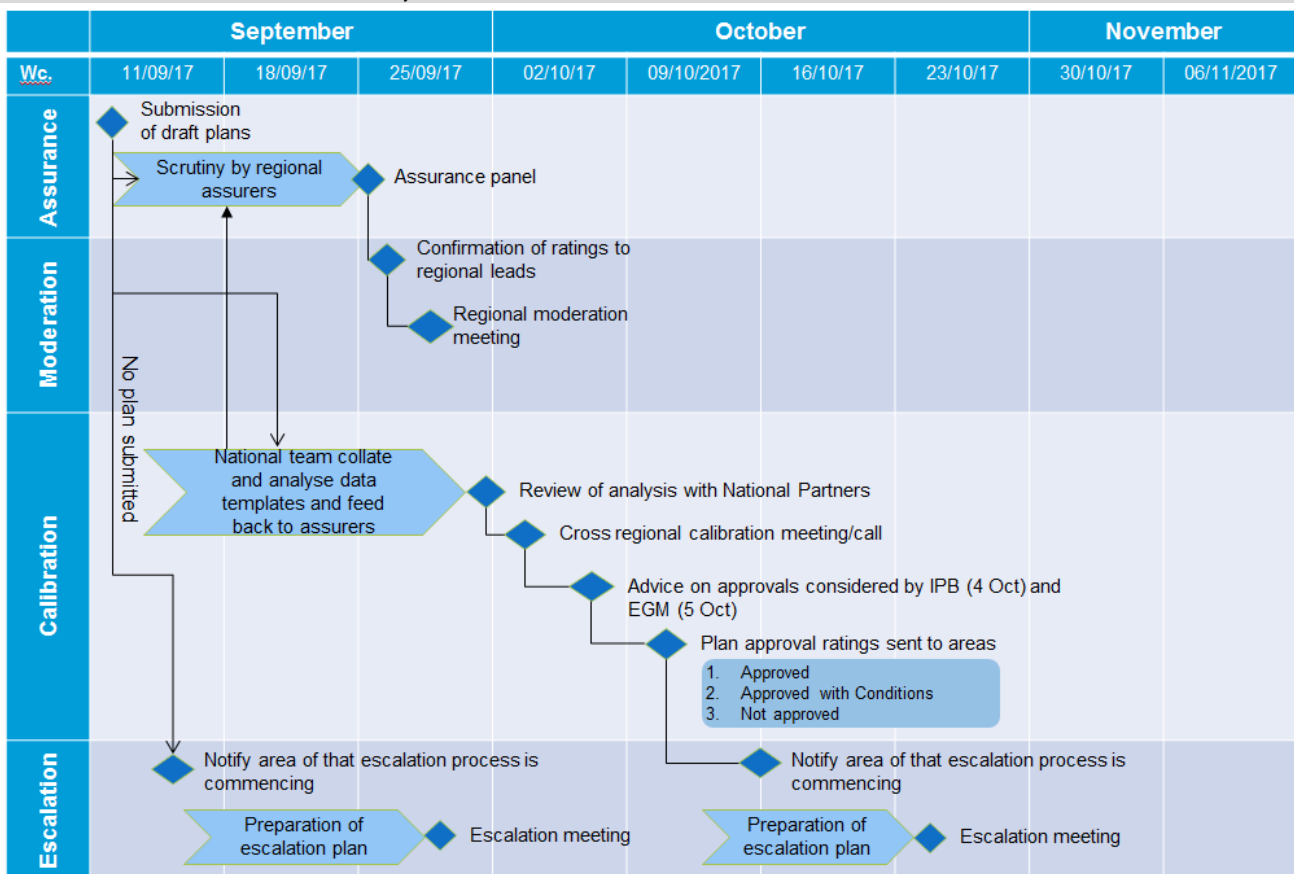
¹ <https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>

2.4. In addition, local authorities now benefit from the additional funding for social care announced in the Spring Budget 2017 (the iBCF). This was provided for the purposes of:

- meeting adult social care needs;
- reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
- ensuring that the local social care provider market is supported.

2.5. BCF plans must set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, both within the BCF and in wider services. Narrative plans should set out the joint vision and approach for integration, including how the work in the BCF plan complements the direction set in the Next Steps on the NHS Five Year Forward View⁴, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan.

3. Overview of Assurance, Moderation and Calibration



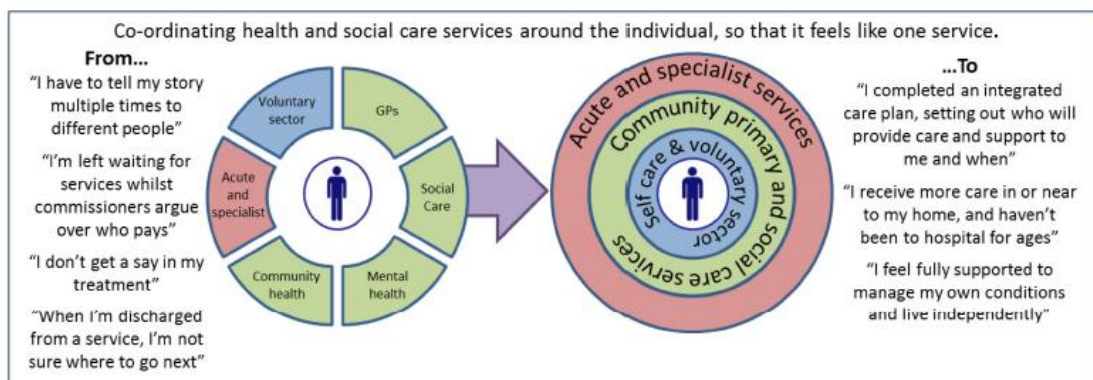
4. Assurance Categorisation and Follow Up Actions

Rating	Overview	Criteria	Next steps
Approved	<ul style="list-style-type: none"> Plan agreed by Health and Wellbeing Board Plan meets all requirements 	<ul style="list-style-type: none"> All planning requirements and KLOEs met National Conditions met (including that the plan is agreed by the HWB) 	<ul style="list-style-type: none"> Plan is put forward for approval by NHS England following consultation with the IPB. NHS England will write to these areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget
Approved with conditions	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 met Meets most planning requirements 	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 and DTOC metric) are met Not all planning requirements met, – i.e. one or more KLOEs not satisfied; for example: <ul style="list-style-type: none"> Narrative plan (vision, approach to risk management) needs improvement; or National Condition 4 not fully met Not all Metrics not agreed Progress is being made (including on National Condition 4) and, provided feedback is incorporated, there is confidence that a compliant plan can be produced Assurance panel are confident that the area can agree a plan by November 	<ul style="list-style-type: none"> NHS England will write to areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget Provide formal feedback to areas on actions needed to gain approval and timescale. Area and BCM to consider any support required Area to implement improvements prior to submitting a revised plan to their HWB.
Not approved/ not submitted	<ul style="list-style-type: none"> One or more minimum funding contributions not included or Plan is not locally agreed. Plan is not submitted 	<ul style="list-style-type: none"> Several planning requirements not met including: <ul style="list-style-type: none"> One or more of National Conditions 1, 2 or 3 not met. Little or no progress towards agreement on National Condition 4. Metrics are not set or not accompanied by plan Plan is not submitted DToc ambition is not in line with the targets agreed with NHS England (for CCGs) and/or necessary to achieve expected reductions (for Local Authorities). 	<ul style="list-style-type: none"> Provide feedback to areas on actions needed to deliver a compliant plan Area and Better Care Support Team notified If a plan is not submitted, BCST to arrange escalation panel meeting in w/c 25 September If a plan is submitted but not approved, BCST to arrange escalation panel w/c 23 October Support provided to area to produce an escalation plan

5. Progress in Sefton

5.1. The 2017-19 Integration and Better Care Fund Policy Framework² describes how “*integration needs to reflect the different strengths that the NHS and social care bring to an integrated response*” and the priorities and work streams are also considered in this context, in terms of their ability to drive and evidence the integration agenda. Figure 1² also defines how integrated services should feel to local residents.

Figure 1



5.2. Reference is drawn to previous BCF submissions in 2014 and 2016, which set out Sefton’s vision for integration.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

- 5.3. Since then, Sefton Metropolitan Borough Council, Southport and Formby and South Sefton CCGs (the parties) have developed a route map to achieve population-level planning, joint commissioning, different models of multi-disciplinary working, pooling of budgets and a system driven by a focus on citizen outcomes.
- 5.4. In December 2016, via ‘Making it Happen’³ the parties signed up to make this vision a reality, setting out how they intend to work together to move towards a more integrated approach, both in terms of commissioning and at provider level.
- 5.5. Six months having passed since the publication of ‘Making it Happen’ and to coincide with the development of the updated BCF submission, a review of priorities has also taken place to examine of progress.
- 5.6. This review has resulted in a refresh and realignment of both BCF and other areas for integration to identify and evaluate areas which may offer the best opportunity of progressing the integration agenda for Sefton residents. These workstreams and associated budget lines have now been agreed as:
 - Early Intervention and Prevention
 - Early Years
 - Integrated Community Care
 - Longer Term Care
 - Integrated Community Reablement and Assessment Service (ICRAS)
 - iBCF.
- 5.7. Following the publication of the key lines of enquiry and BCF assurance process on 16 August 2017, work is now underway to develop the BCF narrative and supporting planning template and risk log in time for the deadline of 11 September 2017 for final submission.

6. Funding

- 6.1. The suggested joint financial contributions are currently:

Enabling Workstream	£'000
Early Intervention and Prevention	68
Early Years	906
Integrated Community Care	7,676
Longer Term Care	8,734
Integrated Community Reablement and Assessment Service (ICRAS)	10,007
Total	27,391

In addition the iBCF equates to £6.985 million, paid directly to Sefton Council from NHSE.

³ <http://modgov.sefton.gov.uk/documents/s74132/Making%20it%20Happen.pdf>

6.2. The proposed changes in overall funding levels for this year are:

£'000	2015/16	2016/17	2017/18
SSCCG	12,554	13,819	14,066
SFCCG	8,869	9,037	9,196
Sefton MBC	2,808	4,129	4,129
Total	24,231	26,677	27,391

An uplift of 1.79% has been applied to 2016/17 CCG funding in accordance with guidance from NHS England. The funding levels highlighted above exceed the required minimum BCF values for 2017/18 (South Sefton CCG £12,401k and Southport and Formby CCG £9,189k).

7. Conclusions

- 7.1. The parties are looking to pool funds in the sum of £27,391k (subject to the governance processes and required approval of all three organisations) to enable production of a Section 75 agreement in accordance with the agreed enabling workstreams, which will comprise Sefton's BCF and support the journey towards integration for 2017-19.
- 7.2. A draft narrative is currently being prepared but given the late publication of the key lines of enquiry, is still in early draft format and subject to considerable further work. However, there is informal agreement in place in terms of schemes and associated funding.

8. Recommendations

- 8.1. The Governing Body are asked to receive this update as to progress on development of Sefton's BCF submission.
- 8.2. The Governing Body are asked to confirm formally delegated responsibility for sign-off of the BCF to the Chair and Chief Officer, with a view to the final version of the BCF narrative and supporting template being ratified at the October 2017 meeting of the Governing Body.

Mel Wright
Planning Lead
September 2017

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday 22nd June 2017

Chair:
Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG likely case scenario is £3.9m deficit including improvement of £1.0m through 'stretch' target. 	<ul style="list-style-type: none"> Failure to deliver statutory duty of break-even. 	<ul style="list-style-type: none"> Identify further savings for implementation during the financial year, including bringing forward 18/19 schemes to have impact in 17/18.

Information Points for South Sefton CCG Governing Body (for noting)

- Prescribing underspend for 16/17 confirmed as £1.1m (3.8% of budget).
- Individual Funding Requests (IFR) 16/17 Annual Report received – total applications approved £95k; total applications not approved £173k.
- High levels of IFR compared with previous years - likely to be due to commissioning changes implemented by CCG.

Key Issues Report to Governing Body

Quality Committee Meeting held on 27th July 2017

Chaired by:
Debbie Fagan

Information Points for South Sefton CCG Governing Body (for noting)

1. Page 26 concerns were highlighted ASI SALTS week - JB to forward from JS.
2. GH asked for the definition “No Consent” in report 17/87 Appendix 1 to be clarified.
3. Check that the report is going to the Collaborative Contract Forum.
4. Commission Manager to meet with Lay member over Stroke
5. Take Stroke Care to LT and Board Development Session.
6. Check the reporting on ADHD DNA rates, showing from 0% to 20.34% to 9.76%?
7. KPI19:-
 - LCH Report on Treatment Rooms KPI19
 - Ear Irrigation, Remove
8. Invite Janet Richards to demonstrate referrals.
9. KPI 84 JS to clarify

Key Issues Report to Governing Body

Audit Committee Meeting held on Thursday 20th April 2017	Chair: Graham Morris
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Key Issue	Risk Identified	Mitigating Actions

Information Points for South Sefton CCG Governing Body (for noting)

- Information Governance toolkit approved / sign off – Chief Finance Officer / Chair Audit Committee per delegation (from the Governing Body meeting on 26th January 2017).
- Assurance on Quality of Services Commissioned Review (LCH) achieved significant assurance. The report will be shared with the Governing Body in a future development session.
- No significant changes to accounting policies reported for 16/17.
- Presented CCG annual report and accounts to the committee ahead of planned submission of the annual report to NHSE on 21st April / Department of Health on 26th April. Feedback from committee requested.
- Approved 17/18 internal audit plan – potential to review opportunities to change later in the year and bring in closer working together with other CCGs, as required.
- Head of Internal Audit Opinion – significant assurance overall.
- Audit Committee Annual Report agreed; to be forwarded to Governing Body.
- Anti-fraud services plan 17/18 agreed.
- Risk Management Strategy, Corporate Risk Register and GBAF require updates for the next Audit Committee meeting on 24th May (updates to be sent to committee prior to meeting).

- Risk Management Strategy to be published on the CCG website.
- Updated Register of Interests received – review to be undertaken.
- External Audit report – focus on Value for Money opinion – ensure consistency of review for all CCGs. Discussions with regulators ongoing.
- Approved Audit Committee Terms of Reference subject to minor review (updating titles of organisations mentioned).

Key Issues Report to Governing Body

Audit Committee Meeting held on Wednesday 24th May 2017

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions

Information Points for South Sefton CCG Governing Body (for noting)

- CCG's 2016/17 annual report, annual accounts and governance statement approved subject to review and amendments noted at the meeting. The committee delegated approval of changes to the documents to the Chief Finance Officer prior to submission by noon on 31st May 2017.
- The committee authorised the Chief Officer to sign the annual report, accounts and associated certificates on behalf of the CCG.
- Chief Finance Officer to email Governing Body members to request members' declaration required as part of the annual audit process.
- External Audit Report 2016/17 (ISA 260 Report) received. Proposal to issue an unqualified audit opinion on the accounts and an unqualified Value for Money (VFM) conclusion, noting that the CCG was able to demonstrate delivery of VFM during the year.
- Risk Management Strategy approved subject to amendments noted at the meeting.
- Corporate risk register and Governing Body Assurance Framework approved. Moderation process required to determine whether risks reflected CCG overall view. Chief Finance Officer to take this forward with the Senior Management Team.

Annual Report 2016/17

The audit committee is required to provide and update to the governing body on the key programmes of work covered during the year. In 2016/17 the key work programmes of the committee were as follows:

- Review of Losses and special payments
- Review and monitoring of Outstanding debts
- Review and approval of Financial policies and procedures
- Self-assessment of the Committee's effectiveness
- Providing assurance Information Governance Toolkit
- Review and scrutiny of GBAF and Risk Registers

In respect of 2016-17, key items of note are:

- Annual Governance Statement approved for 2015-16
- Annual Accounts approved for 2015-16
- Annual report approved for 2015-16
- ISA 260 – unqualified audit report from the external auditors, KPMG, for 2015-16

Finance and Resource Committee Minutes

Thursday 22nd June 2017, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

<p>Attendees (Membership) Graham Bayliss Lin Bennett Debbie Fagan Jan Leonard Martin McDowell Alison Ormrod Dr Sunil Sapre</p> <p>In attendance Jenny Johnston</p> <p>Ex-officio Member* Fiona Taylor (from item FR17/82 onwards).</p> <p>Apologies Graham Morris Susanne Lynch Dr John Wray</p> <p>Minutes Tahreen Kutub</p>	<p>Lay Member Practice Manager & Governing Body Member Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer Chief Finance Officer Deputy Chief Finance Officer GP Governing Body Member</p> <p>Senior Pharmacist</p> <p>Chief Officer</p> <p>Lay Member (Chair) CCG Lead for Medicines Management GP Governing Body Member</p> <p>PA to Chief Finance Officer</p>	<p>GB LB DF JL MMcD AO SS</p> <p>JJ</p> <p>FLT</p> <p>GM SL JW</p> <p>TK</p>
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Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 17	Feb 17	Mar 17	May 17	June 17	July 17	Sept 17	Oct 17	Nov 17	Jan 18
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	A					
Graham Bayliss	Lay Member	✓	✓	A	✓	✓					
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	A	✓					
John Wray	GP Governing Body Member	A	A	A	A	A					
Lin Bennett	Practice Manager & Governing Body Member	✓	✓	✓	✓	✓					
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓					
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓					
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	✓	✓					
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	A	✓	✓					
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	A					
Fiona Taylor	Chief Officer	*	*	*	*	✓					

No	Item	Action
FR17/78	<p>Apologies for absence Apologies for absence were received from Graham Morris, Susanne Lynch and Dr John Wray.</p> <p>Graham Bayliss chaired the meeting in Graham Morris' absence.</p>	
FR17/79	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations declared by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. 	
FR17/80	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR17/81	<p>Action points from the previous meeting</p> <p>FR17/35: Better Care Fund Update - AO confirmed that the CCG is still awaiting BCF guidance. Action to stay on the tracker.</p> <p>FR17/52: NHS England Financial Monitoring Reports - The action to review CCG spend per head of population on acute care and community health services (for assurance that the CCG is accurately classifying spend to the correct area) remains outstanding. AO confirmed this will be picked up in the wider context of revised monthly financial reports for the committee. AO and Rebecca McCullough (Head of Strategic Financial Planning) met recently with Steve Smith (Head of Finance, NHSE Cheshire & Merseyside) to discuss NHSE information requirements from the CCG. Steve Smith indicated that some revisions to NHSE requirements were expected. Work is currently ongoing in the finance team to review cost behaviours and will be reported back to the committee at the next meeting on 20th July 2017.</p> <p>FR17/60: Action points from the previous meeting (FR17/49: Improvement and Assessment Framework – Q3) - MMcD confirmed the <i>Improvement and Assessment Framework Q3</i> update was discussed in the Governing Body Development Session on 1st June 2017. Action closed.</p> <p>FR17/64: Month 12 Finance Report - The finance information for Month 1 (2017/18) is covered within the Month 2 report for item FR17/82. Action closed.</p> <p>FR17/65: Finance & Resource Committee Risk Register - An update on Case Management System (Adam) is on the agenda. Action</p>	AO

No	Item	Action
	<p>closed.</p> <p>FR17/67 & FR17/68: NHS England Financial Monitoring Reports Month 12 2016-17 & Funded Care Benchmarking Q3 2016/17</p> <p>- AO confirmed that the finance team are reviewing the finance report to ensure it is capturing the most relevant information with the appropriate level of detail. Benchmarking is being used for this review. Changes will be reflected in the Month 3 report.</p> <p>FR17/69: Registration Authority Policy</p> <p>- MMcD clarified that the current Registration Authority policy takes into account the requirements of mobile workers; this is covered in section 5.9 of the policy with the following text: 'It is the responsibility of the user to ensure that they have their card available in work. It is recognised that some users work at multiple bases and may need to take their cards home.'</p> <p>- MMcD also clarified that the Mobile Device/ Smartphone Policy does not prohibit the use of mobile devices abroad 'if the role of the individual requires potential access to the organisation whilst on annual leave or if the trip is classified as a business trip'. It is recommended, however, that 'advice from IT support is undertaken prior to the trip to ensure that the individual is aware of potential issues/risks when using a mobile phone abroad, i.e. data roaming, call rates etc. so that no excessive costs are incurred due to inappropriate usage.' This text is within section 1.1.1. of the policy. Action closed.</p> <p>FR17/71: Prescribing Spend Report – Month 11 2016/17</p> <p>- MMcD confirmed the risk related to pharmaceutical prescribing codes has not been added to the corporate risk register as it is likely the risk rating is under 12 (the corporate risk register includes risks rated 12 or above only). JJ confirmed the risk has been included in the Medicines Management Risk Register. Action closed.</p> <p>FR17/71: Prescribing Spend Report – Month 11 2016/17</p> <p>- MMcD confirmed the CCG has contacted Tom Knight (Head of Primary Care at NHS England) about the issues with pharmaceutical prescribing codes. Due to other pressures, this issue is currently not a priority for NHS England but they are aware of the issue. Action closed.</p>	AO
FR17/82	<p>Month 2 Finance Report</p> <p>AO provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st May 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The CCG's most likely case scenario is forecasted at £3.9m deficit after including a £1.0m 'stretch' saving target (reflected in Appendix 5 of the finance report). The best case scenario is to break-even. • A historic surplus of £0.100m from the 16/17 financial year will be carried forward to 17/18. • A 'QIPP Week' took place in May 2017, the results of which will be presented to the Governing Body in July 2017. <p>A discussion took place about Acting as One and the effect on QIPP. MMcD outlined that during discussions relating to 17/18 contracts, the finance team had identified that agreement to the Acting as One principles would significantly reduce the QIPP opportunities for the CCG, particularly in secondary care activity. This would place extra burden to deliver the required QIPP plan from the</p>	

No	Item	Action
	<p>remainder of the CCG's commissioning portfolio.</p> <p>FLT noted that a Board to Board meeting between the CCG and Aintree University Hospital is in the process of being arranged to discuss CCG concerns around the implementation of Acting as One principles.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	
FR17/83	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the committee risk register and noted the proposed current scores for the overall finance risk and two sub-risks. He noted AO is to do further work on the register in regards to wording for sections that are currently blank. An updated register will be presented at the next committee meeting in July.</p> <p><i>The committee received the risk register and noted the proposed current scores.</i></p>	
FR17/84	<p>Update on Case Management System (Adam)</p> <p>AO noted some progress has been made with the implementation of the Adam Dynamic Purchasing System, although the system is still not fully operational. Conference calls between the CCG and Adam have been scheduled to take place on a weekly basis. The risks associated with the implementation of Adam continue to be monitored.</p> <p>AO praised Josh Jones (Finance Officer) from the CCG finance team for his efforts and diligence in dealing with provider queries and concerns in relation to Adam.</p> <p>DF noted concerns in regards to the implementation of the Adam Dynamic Purchasing System, which she has raised with the Head of Service at the CSU. A meeting has taken place with the Head of Service and Project Lead for Adam from within the CSU. These concerns will be escalated to the CCG contracts / Service Level Agreements meetings, and a report will be taken to the CCG Leadership Team. She noted assurance is required that the issues re. Adam are not impacting on length of stay of patients within acute care and the ability to support patients dying in their preferred place of choice.</p> <p>It was agreed that the risks associated with the implementation of Adam are to be included in the Finance & Resource Committee risk register.</p> <p><i>The committee received this verbal update.</i></p>	AO
FR17/85	<p>Prescribing Spend Report – Month 12 2016/17</p> <p>JJ presented the prescribing spend report, confirming South Sefton's position for month 12 was an underspend of £1.1m (-3.8% on a budget of £28,567,866).</p> <p>JJ noted Category M drugs are continuing to show reductions in costs in comparison to the previous year.</p>	

No	Item	Action
	<p>LB asked whether the Optimise software was proving beneficial for the CCG; JJ confirmed the software was showing benefits.</p> <p><i>The committee received this report.</i></p>	
FR17/86	<p>Individual Funding Requests Annual Report 2016/17</p> <p>JL presented the Individual Funding Requests (IFR) Annual Report 2016/17. She noted the total applications approved amount to £95k; the total applications not approved amount to £173k. It was noted there were high levels of IFR compared with previous years which is likely to be due to commissioning changes implemented by the CCG.</p> <p>JL noted typographical errors in the report in sections where mention of 2015/16 should be 2016/17; she has highlighted these to the CSU.</p> <p>JL said members of the F&R committee are welcome to join an IFR panel meeting as observers and can contact her to arrange.</p> <p>A discussion took place about <i>Table 6 – Financial Impact Summary - Apr-Mar 2016/2017</i> which shows the estimated cost for applications approved (estimated spend) and estimated cost for applications not approved (estimated deflected costs). The committee recognised that a lot of the costs will be absorbed within the current contracts and deflected costs would not be actual savings that would be realised.</p> <p>FLT referred to <i>Appendix B – IFR Application Sources and Outcomes</i> and asked what the year on year referral trends are. JL to review with the CSU and report back to the committee at the next F&R meeting on 20th July 2017.</p> <p><i>The committee received this report.</i></p>	JL
FR17/87	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – March 2017 • Sefton Property Estate Partnership (SPEP) Group - April 2017 <p>IM&T</p> <p>MMcD noted that the cyber attack on 12th May had been discussed at the last IM&T meeting on 30th May 2017, the minutes of which will be presented to the F&R committee when approved. A major incident report on the cyber attack is being finalised. He noted that iMerseyside are looking to ascertain the impact on General Practice and asked members for feedback.</p> <p>LB noted that the cyber attack was dealt with promptly for her practice by the service desk team. She commented she did not think there was an effective system in place for communication between organisations that managed to get back online and those that had yet to regain access to online systems.</p> <p>FLT noted that swift preventative action had been taken by MMcD and iMerseyside when the CCG was notified of the cyber attack, which helped to minimise the potential impact on the Sefton CCGs and practices.</p>	

No	Item	Action
	<p>MMcD said iMerseyside are continuing to review activities and scenarios relating to cyber security and working on practical solutions. In particular, iMerseyside are reviewing the implementation of an anti-virus system that is specific to each computer. He noted this solution is likely to be cost effective when the cost of potential staff downtime is considered if another attack were to happen. A paper on this potential solution will be taken to the Senior Leadership Team. The committee noted this.</p> <p>SPEP MMcD noted updates on the proposed ETTF bids for Maghull and Crosby/Waterloo were provided at the last SPEP meeting on 7th June 2017, the minutes of which will be presented to the F&R Committee when approved.</p> <p>MMcD attended the Seaforth and Litherland and Bootle locality meetings in June 2017 to discuss future estate provision.</p> <p>A workshop will be taking place in September 2017 for Maghull GPs to work on more detail re. a new facility in Maghull following a successful submission to ETTF.</p> <p><i>The committee received the minutes of the IM&T and SPEP steering group meetings and the verbal update from MMcD.</i></p>	
FR17/88	<p>Any Other Business None</p>	
FR17/89	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting Thursday 20th July 2017 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p>	

Audit Committee Minutes

Thursday 20th April 2017

12.30pm to 2.30pm

NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Members		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Dr Dan McDowell	Secondary Care Doctor	DMcD
In attendance		
Martin McDowell	Chief Finance Officer, SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	AO
Debbie Fagan (for items A17/26-34)	Chief Nurse & Quality Officer, SSCCG	DF
Leah Robinson	Chief Accountant, SSCCG	LR
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Adrian Poll	Senior Audit Manager, MIAA	AP
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	GH
Rebecca McCullough	Head of Strategic Financial Planning, SSCCG	RM
Tracy Jeffes (for items A17/26-34)	Chief Delivery & Integration Officer, SSCCG	TJ
Emma Styles (for item A17/31)	Information Governance Manager, MLCSU	ES
Apologies		
Rob Jones	Director, KPMG	RJ
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	April 17	May 17	July 17	Oct 17	Jan 18
Graham Morris	Lay Member (Chair)	✓				
Graham Bayliss	Lay Member	✓				
Dan McDowell	Secondary Care Doctor	✓				
Martin McDowell	Chief Finance Officer	✓				
Debbie Fagan	Chief Nurse & Quality Officer	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓				
Leah Robinson	Chief Accountant	✓				
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓				
Ann Ellis	Audit Manager, MIAA	N				
Rob Jones	Audit Director, KPMG	A				
Jerri Lewis	Audit Manager, KPMG	N				
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	✓				

No	Item	Action
A17/26	<p>Apologies for absence Apologies for absence were received from Rob Jones.</p> <p>GH informed the committee that Rob Jones, Director at KPMG, is the new external auditor Engagement Lead for the CCG, replacing John Prentice. He noted Jerri Lewis has taken an internal secondment at KPMG but will still have involvement with external audit services for the CCG.</p>	
A17/27	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations declared by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/media/1858/ssccg-register-of-interests.pdf.</p> <p>Declarations of interest from today's meeting Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.</p>	
A17/28	<p>Advance notice of items of other business None</p>	
A17/29	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
A17/30	<p>Action points from previous meeting</p> <p>A16/23: A16/05 (A15/79) - Whistleblowing Policy – This policy has been emailed to the Audit Committee. Action closed.</p> <p>A16/23: A16/13 IG Toolkit Submission – MMcD proposed that a joint target across South Sefton CCG and Southport & Formby CCG, for compliance with IG training, be used in the 2017/18 toolkit. This is to bring it in line with the methodology that is now used for all other statutory and mandatory training areas when reported to the Finance and Resource Committee. TJ to liaise with Midlands & Lancashire CSU to ask for this to be actioned.</p> <p>A17/10: Review of Internal Audit Progress Report – AP confirmed it is acceptable for the Audit Committee to continue having GB (who is Chair of the Joint Commissioning Committee) as a member of the Audit Committee with the acknowledgement that he could chair a committee meeting as Deputy Chair if the Chair is unable to attend the Audit Committee. AP has changed the wording in the document to reflect this. Action closed.</p> <p>A17/15 Review of NFI Matches - LR provided an update on this, noting there were four potential matches to investigate further. LR to bring a report to the Audit Committee meeting on 13th July 2017. TK to add to committee workplan.</p>	<p>MMcD (TJ)</p> <p>LR / TK</p>

	<p>A17/16 Standards of Business Conduct - Changes have been made to this document; the revised document was sent to GM, who has approved it. Action closed.</p> <p>A17/17 - Annual Governance Statement (AGS) – This document has been updated by Danielle Love. Action closed.</p> <p>A17/18 Risk Register and GBAF – Danielle Love has reviewed and amended the register to remove any risks specific to Southport & Formby CCG. Action closed.</p> <p>A17/18 Risk Register and GBAF – Danielle Love has liaised with the risk owner for risk SS042 (re. APMS procurement) to ensure the terminology is correct. Action closed.</p> <p>A17/19 - Register of Interests - Danielle Love has actioned the changes agreed for the register in regards to declarations of interest for CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. Action closed.</p> <p>A17/24 - Any other business - GM updated the committee on the allegation received by the CCG, which was noted at the last Audit Committee meeting on 12th January 2017. A thorough investigation has been undertaken, which has concluded there is no evidence of fraud. GM thanked MIAA for their work on the investigation. Action closed.</p>	
A17/31	<p>Information Governance Annual Report ES presented the Information Governance Annual Report. She noted new data protection regulation is expected to be introduced for this year. The toolkit is not expected to change significantly.</p> <p>ES confirmed 97% of CCG staff have completed Information Governance (IG) training. No data breaches have been identified. There was one IG issue at the CCG to do with confidential waste, which was due to a change of supplier.</p> <p>GM and MMcD thanked ES and the IG team for their work on the report.</p> <p><i>The committee received this report.</i></p>	
A17/32	<p>Information Governance Toolkit Review MMcD presented the IG Toolkit review.</p> <p>MMcD referred to <i>Appendix A: Validity of Returns</i>, and noted there were two requirements at the point of audit which were assessed as <i>unsubstantiated</i>. The following update was provided on the two requirements:</p> <ul style="list-style-type: none"> • <i>IG Req. No. 14-130: There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda.</i> This requirement was assessed as unsubstantiated, as the Terms of Reference for the Corporate Governance Support Group had not been reviewed by the due date of January 2017. The Terms of Reference are to be reviewed at the next Corporate Governance Support Group meeting on 15th June 2017. 	

	<ul style="list-style-type: none"> IG Req. No. 14-236: All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines. <p>It was agreed for MMcD to liaise with the CSU to seek assurance that confidential information is not going outside the UK.</p> <p>MMcD noted that based on the evidence presented at this meeting, he and GM signed off the IG toolkit on 28th March 2017 as per delegation provided at the Governing Body meeting on 26th January 2017.</p> <p>The committee received this report.</p>	MMcD
A17/33	<p>Corporate Services Report</p> <p>TJ provided an overview of the Corporate Services Review, which was completed by MIAA in January 2017, together with the recommendations made and associated actions.</p> <p>TJ noted the results were positive overall.</p> <p>The committee received this report.</p>	
A17/34	<p>Single Tender Action</p> <p>- QIPP Programmes Lead / Interim COO</p> <p>- Occupational Health Contract - Aintree Hospital</p> <p>TJ presented the single tender actions for on-going support of the QIPP Programmes Lead / Interim Chief Operating Officer role and the rolling forward of the CCG's Occupational Health Contract with Aintree Hospital.</p> <p>MMcD noted that continuity was the key factor with both services. He also noted the contract value of the consultancy support for QIPP /Governance is significantly lower in comparison to other providers for this type of service.</p> <p>GM noted the <i>Approved</i> box had not been ticked for either Single Tender Action form and asked for this to be actioned. GM asked for future Single Tender Action forms to specify the length of the contract /service against the total spend/contract value (e.g. 'per annum'). This was noted.</p> <p>The committee received the single tender actions.</p>	MMcD (TJ)
A17/35	<p>Assurance on Quality of Services Report 2016/17</p> <p>DCF presented the Assurance on Quality of Services Commissioned Review (LCH), providing background to this report and noting significant assurance was achieved. The report has been shared with the Joint Quality Committee and will be shared with the Governing Body in a future development session.</p> <p>The committee received this report.</p>	
A17/36	<p>Losses and Special Payments</p> <p>LR noted outstanding debt has been reviewed up to last period end (March 2017) and there is one item greater than £5k and over six months old. This is an invoice to Southport & Ormskirk NHS Trust to the value of £72,208. This relates to CQUIN 2015/16. MMcD confirmed a letter had been sent from the CCG to the Director of Finance at Southport & Ormskirk on 12th April 2017 requesting full payment. The committee agreed for a letter to be sent to the Southport & Ormskirk Hospital Audit Committee Chair from GM as Audit Committee Chair if the matter is not resolved.</p>	MMcD / GM

	<p>LR noted that in the period since the last Audit Committee meeting on 12th January 2017, there have been no losses recorded and 10 special payments made on behalf of NHS England. Nine of the special payments related to APMS payments, which were due to an error at NHS England. All special payments have now been fully reimbursed.</p> <p>MMcD noted the special payment to do with a legal settlement concerning Lincoln House Surgery is related to Southport & Formby CCG. LR confirmed that the payment had been made from the South Sefton CCG account, following NHS England incorrectly identifying the practice as being in South Sefton. LR confirmed this would be rectified.</p> <p><i>The committee received this report.</i></p>	LR
A17/37	<p>Audit Committee Recommendations Tracker</p> <p>LR presented the tracker and noted previous reviews that have been superseded have been removed from the tracker. She asked the committee to endorse the removal of previous year reviews where actions are complete. The committee agreed to this.</p> <p>LR referred to the <i>NHS Protect Review (September 2016)</i> table, noting that the actions on this are now complete and the table will be updated.</p> <p>In regards to HMRC Office Holder Contracts, LR said the CCG is awaiting a letter from HMRC to confirm the matter is resolved.</p> <p>LR noted three new reviews with recommendations have been added to the tracker in 2017: co-commissioning, stakeholder management and Better Care Fund.</p> <p><i>The committee received the tracker and endorsed the removal of previous year reviews where actions are complete.</i></p>	
A17/38	<p>Accounting Policies Update</p> <p>LR noted there was a change to the accounting manual for the 16/17 financial year to encompass all NHS organisations under the one accounting manual. She also noted that the Department of Health updated the discount rates to be applied to provisions each year. The CCG does not hold any provisions at the 16/17 year end, however, and therefore there is no financial impact to the CCG.</p> <p>Aside from the changes noted, there are no significant changes to accounting policies reported for 16/17.</p> <p><i>The committee received this verbal update.</i></p>	
A17/39	<p>Audit Committee Annual Report 2017</p> <p>The Chair presented the Audit Committee Annual Report 2016/17 and asked for comments.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • GH noted that KMPG are in the process of their second (not third) audit of the CCG's annual accounts. • MM noted the Counter Fraud Specialist role is based around four (not seven) strategic areas: Strategic Governance; Inform and Involve; Prevent and Deter; and Hold to Account. 	

	<ul style="list-style-type: none"> MM noted a typographical error under section 4. The word 'approved' should be 'approval'. <p>The report is to be amended taking into account these comments.</p> <p>The amended report will be forwarded as a paper for the Governing Body meeting on 6th July 2017.</p> <p><i>The committee received this report.</i></p>	GM / TK
A17/40	<p>Un-audited Annual Accounts 2016/17</p> <p>AO and LR presented the draft CCG annual report and accounts to the committee, which were tabled at the meeting. This is a work in progress, ahead of planned submission to NHSE on 21st April 2017 and the Department of Health on 26th April 2017.</p> <p>A copy to be emailed to the committee after this meeting. The committee is to review and provide any comments / feedback to LR by close of play on 24th April.</p> <p>The final set of accounts will be brought to the Audit Committee meeting on 24th May 2017. MMCD noted the Governing Body have provided delegated approval to the Audit Committee to sign off the accounts at this meeting.</p> <p><i>The committee received the draft annual report and accounts.</i></p>	All
A17/41	<p>MIAA Internal Audit Plan 2017/18</p> <p>AP presented the Internal Audit Plan 2017/18 and noted the potential to review opportunities to change later in the year and bring in closer working together with other CCGs, as required.</p> <p>AP confirmed the fee and resources to be allocated to internal audit are the same as last year.</p> <p><i>The committee approved the Internal Audit Plan 2017/18.</i></p>	
A17/42	<p>MIAA Anti-Fraud Services Annual Report 2016/17</p> <p>MM presented the Anti-Fraud Services Annual Report 2016/17. She provided an overview of the summary of referrals as detailed in the report.</p> <p><i>The committee received this report.</i></p>	
A17/43	<p>MIAA Anti-Fraud Services Workplan 2017/18</p> <p>MM presented the Anti-Fraud Services Workplan 2017/18. She confirmed the fee and resources to be allocated to Anti-Fraud services for the CCG will be the same as last year.</p> <p><i>The committee approved the Anti-Fraud Services Workplan 2017/18.</i></p>	
A17/44	<p>MIAA Head Of Internal Audit Opinion 2016/17</p> <p>AP presented the Head of Internal Audit Opinion 2016/17.</p> <p>GM queried why under the Conflicts of Interest section, Governance Arrangements had been rated as amber / Partially Compliant. AP confirmed that at the time of review the CCG did not have specific arrangements in place for register of interests to be updated following a change of role or responsibility. AP confirmed there is now a process in place and the CCG is</p>	

	<p>fully compliant on this.</p> <p>AP noted an overall opinion of Significant Assurance was given.</p> <p><i>The committee received this report.</i></p>	
A17/45	<p>MIAA Internal Audit Progress Report</p> <p>AP provided an overview of the Internal Audit Progress Report and noted reviews have been undertaken of monitoring / reporting arrangements for QIPP and partnership working with the Better Care Fund.</p> <p><i>The committee received this report.</i></p>	
A17/46	<p>External Audit Technical Update</p> <p>GH briefed the committee on the External Audit report, noting there is a focus on Value for Money (VFM) opinion and ensuring consistency of review for all CCGs.</p> <p>He highlighted the following:</p> <ul style="list-style-type: none"> • KPMG are still consulting both internally and nationally with regulators to ensure consistency in their approach to issuing VFM opinions. • KPMG anticipate having clarity around a consistent opinion well in advance of delivering the ISA260 audit report at the Audit Committee meeting on 24th May, and will discuss their findings and rationale for opinion with MMcD and GM in advance of issuing the opinion. • KPMG are on track with the 2016/17 audit deliverables listed in Appendix 1 of the report. <p><i>The committee received this report.</i></p>	
A17/47	<p>Risk Management Strategy</p> <p>MMcD presented the Risk Management Strategy, noting this is an update to the existing strategy which was signed off in 2015.</p> <p>The committee discussed the strategy and agreed on the following changes:</p> <ul style="list-style-type: none"> • Appendix A – Joint commissioning with NHSE for primary care to be factored in here. • Appendix E - Updated version of Audit Committee Terms of Reference to be included, further to review and approval under agenda item A17/51. • Appendix F - Terms of Reference for Joint Quality Committee to be added. <p>The Risk Management Strategy is to be updated, taking into account the above points. It was agreed that the revised Risk Management Strategy is to be on the agenda for approval at the next Audit Committee meeting on 24th May 2017. The updated version is to be sent to the committee a few weeks before this meeting (by 10th May 2017) to enable any changes/comments to be fed back and actioned prior to the meeting.</p> <p>GM asked for the Risk Management Strategy to be published on the CCG website when approved.</p> <p><i>The committee agreed on changes to this report. Updated Risk Management Strategy to be on the agenda for approval at the next Audit Committee meeting on 24th May 2017.</i></p>	<p>MMcD (Debbie Fairclough)</p> <p>MMcD (Debbie Fairclough)</p>

A17/48	<p>Risk Register and GBAF MMcD presented the Corporate Risk Register and Governing Body Assurance Framework (GBAF) and noted that both documents in the meeting pack were only partially updated.</p> <p>The committee agreed the following:</p> <ul style="list-style-type: none"> • Both documents to be reviewed to ensure the master versions are fully up to date. • Updates to the documents to be reviewed at the Operational Team meeting on 2nd May 2017. <p>The Risk Register and GBAF documents are to be updated, taking into account the above points. It was agreed that the revised documents are to be on the agenda for approval at the next Audit Committee meeting on 24th May 2017. The updated versions are to be sent to the committee a few weeks before this meeting (by 10th May 2017) to enable any changes/comments to be fed back and actioned prior to the meeting.</p> <p><i>The committee agreed on changes to this report. Updated Risk Register and GBAF document to be on the agenda for approval at the next Audit Committee meeting on 24th May 2017.</i></p>	MMcD (Debbie Fairclough)
A17/49	<p>Register of Interests The following was noted re. the Register of Interests.</p> <ul style="list-style-type: none"> • Register to be reviewed to ensure there are no Southport & Formby references that should not be there. • Co-opted Governing Body members need to be listed as <i>co-opted</i>. Individual co-opted Governing Body members are listed as having Nil declarations. This needs to be reviewed as there are potential Conflicts of Interest given their positions in organisations outside the CCG. • Fiona Taylor is listed as CFO in the 'Nature of Interest' column. This is to be corrected. • Dr Sapre has been listed as having a Nil declaration. This needs to be reviewed, given his position as supplier of GP services. • The full register is to be reviewed to ensure accuracy. <p>The above points are to be actioned and an updated Register of Interests is to be on the agenda for the Audit Committee meeting on 13th July 2017.</p> <p><i>The Committee received this report and agreed on changes. Updated Register of Interests to be on the agenda for the Audit Committee meeting on 13th July 2017.</i></p>	MMcD (Debbie Fairclough)
A17/50	<p>Policy Tracker MMcD presented the Policy Tracker.</p> <p>MM confirmed that MIAA are still awaiting national guidance on the Anti-Fraud Bribery and Corruption Policy.</p> <p><i>The committee received this report.</i></p>	
A17/51	<p>Audit Committee Terms of Reference MMcD noted the Audit Committee Terms of Reference are up for review.</p> <p>The committee agreed on the following:</p> <ul style="list-style-type: none"> • The Chief Nurse is currently listed under the following section: '<i>Other officers required to be in attendance at the Committee...</i>' 	

	<p>It was agreed that the Chief Nurse should attend the Audit Committee meetings as a subject matter expert when required. Therefore, the role should be removed from this section.</p> <ul style="list-style-type: none"> The Terms of Reference are to be reviewed to ensure organisation names are up to date. <p>MMcD to action this review and changes.</p> <p>It was noted that the Practice Manager Governing Body Member position on the committee is still vacant. MMcD to liaise with TJ about filling this position.</p> <p><i>The committee approved the Terms of Reference subject to the above changes being made.</i></p>	MMcD MMcD
A17/52	<p>Key Issues of other Committees to be formally received</p> <ul style="list-style-type: none"> Finance and Resource Committee Quality Committee <p>The key issues from the Finance and Resource Committee and Quality Committee meetings in November 2016, January 2017 and February 2017 were taken as read. No queries were raised.</p> <p><i>The Committee received the key issues of the Finance and Resource Committee and the Quality Committee.</i></p>	
A17/53	<p>Key Issues of other Committees to be formally received</p> <ul style="list-style-type: none"> Approvals Committee <p>MMcD noted that the Approvals Committee had met twice since the last Audit Committee meeting on 12th January 2017 to discuss the funding / scope for Local Quality Contract for Primary Care Medical Services. The scope will be shared with the Governing Body at the meeting on 4th May 2017.</p> <p><i>The committee received this verbal update.</i></p>	
A17/54	<p>Any other business</p> <p>GM enquired about the possibility of having joint Audit Committee meetings with Southport & Formby CCG instead of individual meetings for each CCG. He suggested this could commence in May 2017 given there is an Audit Committee meeting taking place for each CCG on the same day and location on 24th May. MMcD to seek advice from Debbie Fairclough, Chief Operating Officer, about the possibility of joint Audit Committee meetings.</p>	MMcD
A17/55	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting</p> <p>Wednesday 24th May 2017 2.30pm to 4.00pm 3rd Floor Board Room, Merton House</p>	

Audit Committee Minutes

Wednesday 24th May 2017
2.30pm to 4.00pm
Room 3A, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL

Members		
Graham Morris	Lay Member (Chair)	GM
Dr Dan McDowell	Secondary Care Doctor	DMcD
In attendance		
Martin McDowell	Chief Finance Officer, SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	AO
Leah Robinson	Chief Accountant, SSCCG	LR
Rob Jones	Director, KPMG	RJ
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	GH
Apologies		
Graham Bayliss	Lay Member	GB
Adrian Poll	Audit Manager, MIAA	AP
Ann Ellis	Audit Manager, MIAA	AE
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Position	April 17	May 17	July 17	Oct 17	Jan 18
Graham Morris	Lay Member (Chair)	✓	✓			
Graham Bayliss	Lay Member	✓	A			
Dan McDowell	Secondary Care Doctor	✓	✓			
Martin McDowell	Chief Finance Officer	✓	✓			
Alison Ormrod	Deputy Chief Finance Officer	✓	✓			
Leah Robinson	Chief Accountant	✓	✓			
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	A			
Adrian Poll	Audit Manager, MIAA	✓	A			
Ann Ellis	Audit Manager, MIAA	N	A			
Rob Jones	Audit Director, KPMG	A	✓			
Jerri Lewis	Audit Manager, KPMG	N	N			
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	✓	✓			

No	Item	Action
A17/56	<p>Apologies for absence Apologies for absence were received from Graham Bayliss, Adrian Poll, Ann Ellis and Michelle Moss.</p>	
A17/57	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations declared by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.</p>	
A17/58	<p>Advance notice of items of other business None</p>	
A17/59	<p>Annual Report and Accounts 2016/17 The draft 2016/17 annual report, annual accounts and governance statement had been reviewed by members prior to the meeting. LR circulated a paper detailing key movements in the final set of accounts based on guidance from HFMA, as supplementary information for committee members.</p> <p>A number of amendments to the annual report, annual accounts and governance statement were noted, which related to the following:</p> <ul style="list-style-type: none"> • Factual inaccuracies • Typographical errors • Consideration is to be given to the fact that the audience for the annual report is the general public, in particular when using NHS abbreviations and acronyms. Clarity is to be ensured for the audience. • Rewording of certain sentences / sections to ensure clarity. • Formatting and stylistic amendments to ensure consistency. • The table showing overall performance by providers is for April 2016-February 2017 (month 11). The data for month 12 is now available, which is to be included. • <i>Governing Body membership</i> table and <i>Committee Attendance 2016-17</i> table to be reviewed and amended to ensure accuracy. <p>MMcD noted that a number of general amendments had been agreed at the Southport & Formby Audit Committee meeting, which would also apply to the South Sefton CCG annual report. These amendments would be actioned for South Sefton.</p> <p>Actions to be taken:</p> <ul style="list-style-type: none"> • The draft annual report, annual accounts and governance statement are to be reviewed and amended, taking account of the comments and amendments noted at this meeting. • MMcD to do a full proof-read of the documents after amendments have been made. 	<p>LR / AO</p> <p>MMcD</p>

	<ul style="list-style-type: none"> It was noted that Governing Body members have yet to make the members' declaration required as part of the annual audit process. MMcD to email Governing Body members to request this declaration. <p><i>The committee approved the CCG's 2016/17 annual report, annual accounts and governance statement subject to the review and amendments noted at the meeting.</i></p> <p><i>The committee delegated approval of changes to the documents to the Chief Finance Officer prior to submission by noon on 31st May 2017.</i></p> <p><i>The committee authorised the Chief Officer to sign the annual report, accounts and associated certificates on behalf of the CCG.</i></p>	MMcD
A17/60	<p>External Audit Report 2016/17 (ISA 260 Report)</p> <p>RJ and GH presented the external audit report 2016/17, noting the following audit proposals for the CCG:</p> <ul style="list-style-type: none"> An unqualified audit opinion on the accounts An unqualified Value for Money (VFM) conclusion, noting that the CCG was able to demonstrate delivery of VFM during the year. <p>The report provides an explanation for the above proposals and details the VFM risks identified, a brief overview of which was provided at this meeting.</p> <p>GH noted that further work is required in relation to differences arising due to AoB mismatch reports; he did not anticipate this would affect the audit position reported for the CCG.</p> <p>RJ and GH thanked the finance team for their assistance with the audit.</p> <p>The Chair thanked RJ and GH for their work on the audit.</p> <p><i>The committee received this report.</i></p>	
A17/61	<p>Letter of Representation</p> <p>MMcD presented the draft Letter of Representation.</p> <p><i>The committee approved the Letter of Representation subject to Governing Body confirmation of members' declaration, which MMcD is to request from members as detailed in his action in item A17/59.</i></p>	
A17/62	<p>Risk Management Strategy</p> <p>MMcD presented the Risk Management Strategy which has been updated further to comments at the last Audit Committee meeting on 20th April 2017.</p> <p>GM noted an error in <i>Appendix A – NHS South Sefton CCG Governance Structure</i>: Graham Bayliss is the Chair of the Joint Commissioning Committee (not Graham Morris). MMcD to inform Debbie Fairclough, Chief Operating Officer, to action.</p> <p>MMcD confirmed that the description of the Joint Commissioning Committee would be reviewed and amended; this is in response to a comment made at the Southport and Formby Audit Committee meeting that the description does not reflect the role of the committee.</p> <p><i>The committee approved the Risk Management Strategy subject to the above amendments noted at this meeting.</i></p>	MMcD

A17/63	<p>Risk Register and GBAF MMcD presented the Corporate Risk Register and Governing Body Assurance Framework (GBAF) which have been updated further to comments at the last Audit Committee meeting on 20th April 2017.</p> <p>MMcD noted that a moderation process was required to determine whether risks reflected CCG overall view. MMcD agreed to take this forward with the Senior Management Team.</p> <p><i>The committee approved the Corporate Risk Register and GBAF.</i></p>	MMcD
A17/64	<p>Any other business MMcD noted that the Southport & Formby Audit Committee members had raised concerns about the number of errors in the Southport & Formby annual report documents. It had been noted that this situation could be prevented in future if the master documents and production process are owned by one senior manager. South Sefton Audit Committee members agreed with this proposal.</p>	
A17/65	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting Thursday 13th July 2017 1.00pm to 2.30pm 3rd Floor Board Room, Merton House</p>	

**HEALTHY LIVERPOOL PROGRAMME
RE-ALIGNING HOSPITAL BASED CARE**

**COMMITTEE(S) IN COMMON (CIC)
KNOWSLEY, LIVERPOOL, SOUTH SEFTON AND SOUTHPORT & FORMBY
CCGS**

**FRIDAY 9TH JUNE 2017
Boardroom, Liverpool CCG
The Department, Lewis's Building, 2 Renshaw Street, L1 2SA**

**Time 12.00pm – 2.00pm
AGENDA**

1.	Welcome, Introductions and Apologies	Dr Nadim Fazlani
2.	Declarations of interest	ALL
3.	Minutes and actions from the 7 th December 2016 meeting	ALL
4.	Establishing a joint committee - discussion paper and draft Terms of Reference	Katherine Sheerin Report No: CIC 01-17
5.	Orthopaedics review - update on progress	Dr Fiona Lemmens/Dr Chris Grant Verbal
6.	Review of Women's and Neonatal services - update on progress	Dr Fiona Lemmens/Dr Chris Grant Verbal
7.	Population Based Needs Review of in-Hospital Services for Southport & Formby and West Lancashire	Fiona Taylor Report No: CIC 02-17
8.	North Mersey Stroke Review	Fiona Taylor Report No: CIC 03-17
9.	Any other business	
10.	Date and time of next meeting: Friday, 11 August 2017, 12pm to 2pm, Boardroom, Liverpool CCG	

Committee: Committee(s) In Common	Meeting Date: 9 th June 2017	Chair: Dr Nadim Fazlani
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Key issues:	Risks Identified:	Mitigating Actions:
1. Establishing a joint committee across Liverpool, Knowsley, South Sefton and Southport & Formby CCGs	<ul style="list-style-type: none"> That decisions regarding hospital services redesign are not aligned/ slowed down. 	<ul style="list-style-type: none"> To establish a Joint Committee Draft Terms of Reference to go to each Governing Body for debate and approval.
2. Orthopaedics/ENT Review	<ul style="list-style-type: none"> Opportunities for optimal patient services not maximised 	<ul style="list-style-type: none"> Joint Overview & Scrutiny Committee set up for 26th June 2017. Public Committee to commence.
3. North Mersey Stroke Review	<ul style="list-style-type: none"> That services change is not effectively managed in line with requirements. 	<ul style="list-style-type: none"> North Mersey Stroke Review Group – Liverpool CCG service input to be identified.

Recommendations to NHS Liverpool CCG Governing Body:

- To note the key issues and risks.

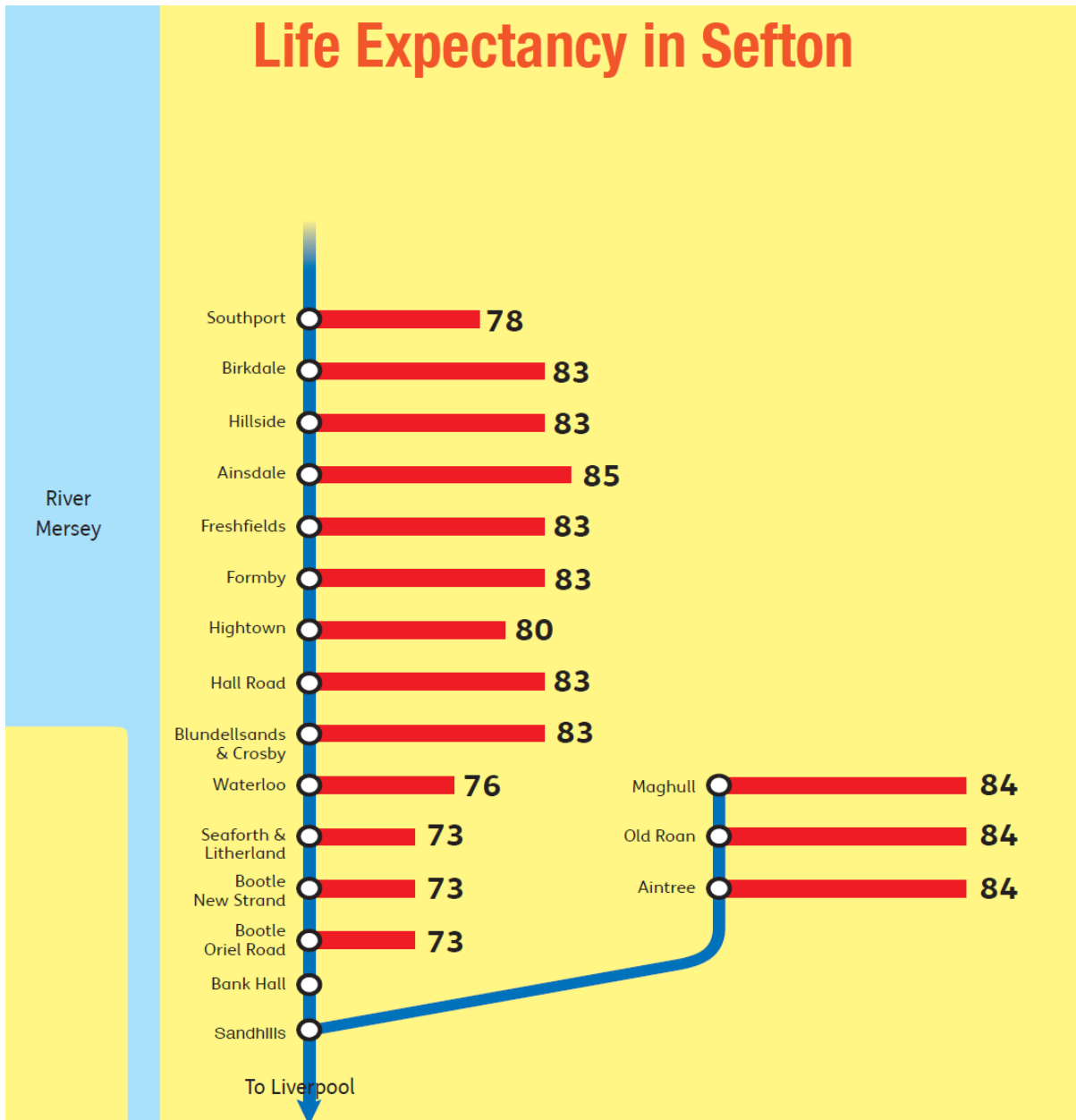
Public Health Sefton 2016 Annual Report



Public Health Sefton 2016 Annual Report

- Health data for Sefton
- Theme – Wider determinants of health
- Recommendations for action

Life Expectancy in Sefton



Health & Wellbeing Indicators in Sefton 2016

Key

Statistical significance compared to England average:



Better

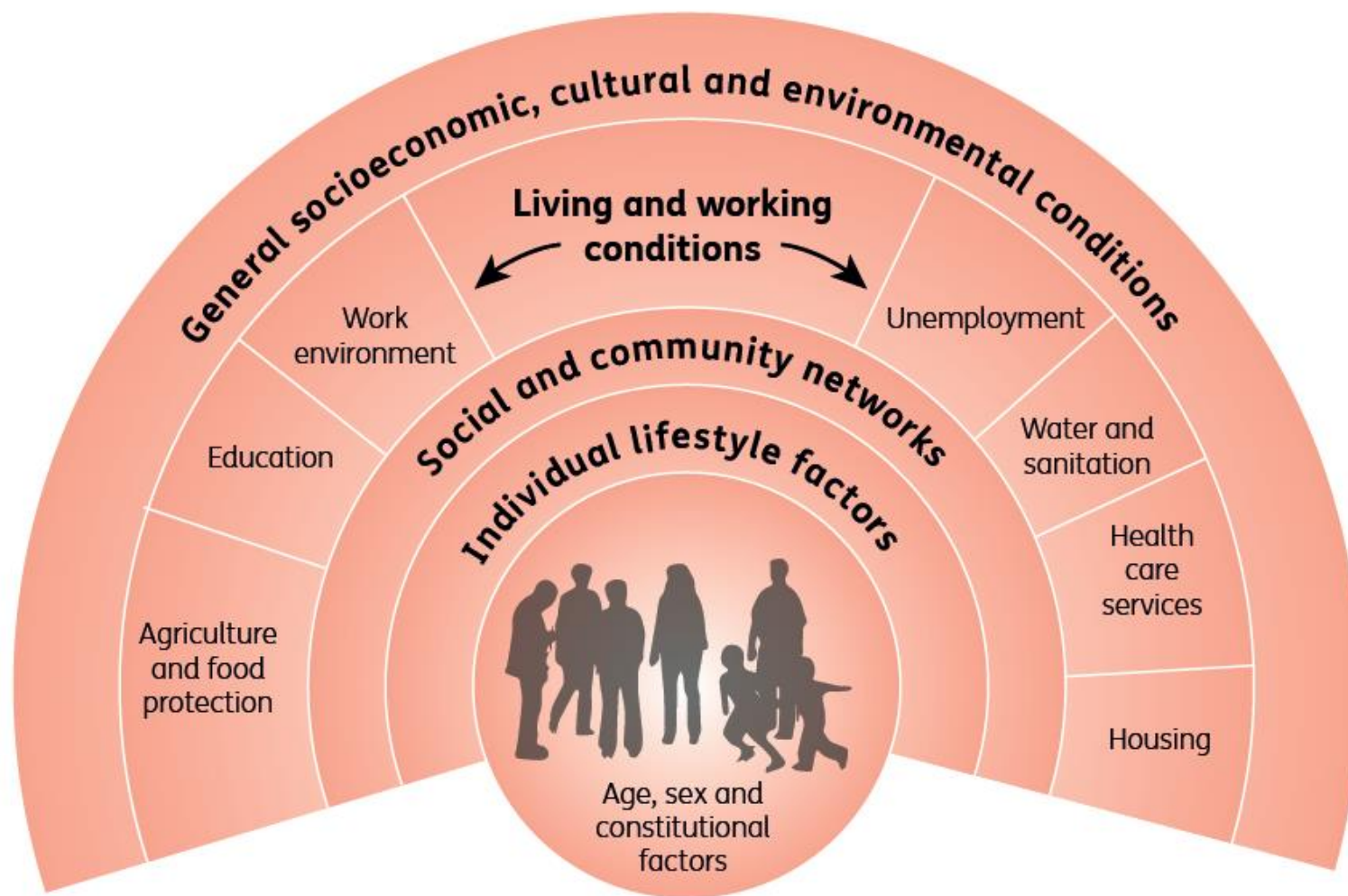


Similar



Worse





Source: Adapted from
Dahlaren and Whitehead, 1991



1 The best start in life

In 2017 and beyond we hope to do more work to give Sefton children the best start in life. We will do this by:

- Continuing to develop and improve the new 0-19 Service by listening to the views of families and young people, to ensure that the priorities of families, children and young people in Sefton are addressed.
- Ensuring that the new 0-19 service is linked into other services such as Living Well Sefton in order to provide a wider offer for families.
- Providing support for pregnant women on a range of health issues including stop smoking services and breastfeeding support through development of a peer support model.



2 Healthy schools and pupils

In 2017 and beyond we hope to do more work to ensure we have healthy schools and pupils in Sefton. We will do this by;

Developing and implementing a Healthy Weight Declaration across Sefton, which will encourage healthier food and promote physical activity within schools and other settings.

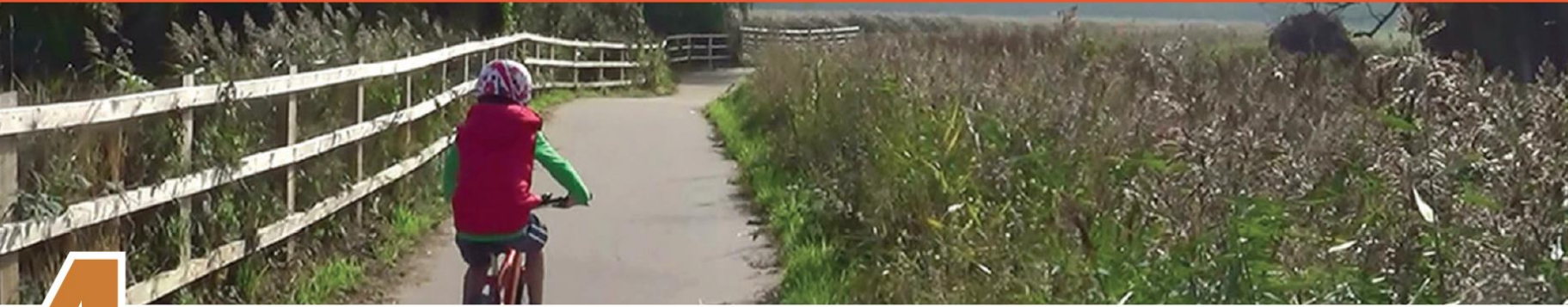
Developing and promoting resources for children and young people which focus on emotional resilience, as an essential life skill. This is an area identified as a priority by young people within Sefton.



3 Helping people find good jobs and stay in work

In 2017 and beyond we hope to do more work to help people find good jobs and stay in work in Sefton. We will do this by:

- Developing the Well Sefton programme to include opportunities to support enterprise and innovation activity, and promotion of Bootle as an area which actively encourages new investment and creation of future employment opportunities.
- Developing a plan to promote and protect the health of the workforce across the Council and wider organisations in both public and private sector. This will include preventing ill-health and creating a health enhancing offer for employees.



4 Active and safe travel

In 2017 and beyond we hope to do more work to help people to engage in safer and more active travel in Sefton. We will do this by:

- Continuing to support walking and cycling programmes, including safe cycle training in schools and community settings across Sefton.
- Continuing to support local employers to develop sustainable travel plans which encourage active travel and reduce the number of car journeys made.



5 Warmer and safer homes

In 2017 and beyond we hope to do more work to ensure warmer and safer homes in Sefton. In Sefton:

- We know that conditions in the private rented sector in particular areas of the borough are poor, so we will continue to support the Council's intention to develop Selective and Additional (Housing in Multiple Occupation) Licensing within some areas of the borough, in order to ensure private landlord properties are of a decent standard.
- We will consider how best to support local action to reduce levels of childhood injury in Sefton.



6 Access to greenspace and the role of leisure services

In 2017 and beyond we hope to do more work to ensure access to greenspace and leisure opportunities in Sefton. We will do this by:

- Using the findings from the public consultation on greenspaces and parks in Sefton, to allocate resources in the most effective manner, and encourage increased use and participation in the management of the natural resources within the borough, particularly by those groups who currently access it least.
- Working with Sports England and the Amateur Swimming Association through the new Swim Pilot Programme, to modernise local swimming facilities and introduce new and innovative ways of motivating people to swim.
- Maximising opportunities for health promoting activities and campaigns as part of Sefton's 'Year of the Coast 2017' and beyond.



7 Strong communities, wellbeing and resilience

In 2017 and beyond we hope to do more work to support resilience in local communities, by working closely with local third sector organisations. We will do this by:

- Supporting positive behaviour change within local communities and working to promote both formal and informal volunteering opportunities including through 'Pay it Forward Day' and 'Good Deed Day'.
- Ensuring that local organisations continue to work together through the Welfare Reform agenda to reduce the impact of welfare reforms on local communities.
- Ensuring that large-scale health and wellbeing programmes under development locally, such as 'Well Sefton' and the Collaboration for Leadership in Applied Health Research and Care – Improving resilience to debt in Central Southport' programme, continue to focus on the development of strong and resilient communities.



8 Protecting the health of the public

In 2017 and beyond we hope to do more work to ensure public protection activities contribute as much as possible to improving the health of local communities. For example, equipment to monitor fine particulate matter (PM2.5) has been purchased and will be installed in one of the air quality monitoring stations in Bootle shortly.

Further work in 2017 will include:

- Continuing to work at a Cheshire and Merseyside level to ensure full use of alcohol licensing powers available.
- Exploring opportunities to raise awareness of problem gambling and available local services, particularly for young people.
- Establishing an Air Quality Steering Group which will bring together partner organisations and provide a forum for collaborative work around air quality within Sefton.



9 Health and spatial planning

In 2017 and beyond we hope to do more work to ensure planning decisions contribute to the health of local communities. We will do this in the following ways:

- Providing training to colleagues within planning in relation the health of the local population and how planning decisions can have a positive impact on health.
- Working together to identify forthcoming large developments and where appropriate, carry out Health Impact Assessments to ensure that developments have a positive impact on local communities.

Public Health Annual Report 2017/18

- Proposed topic :- Mental health and emotional well-being of young people
- Will build on local work already going on in this topic area
- The report will take a multi media approach, film / social media, etc



The Clatterbridge
Cancer Centre
NHS Foundation Trust

 **CARE**
for the future

 **CONNECTING**
for the future

 **BUILDING**
for the future

 **WORKFORCE**
for the future

Transforming Cancer Care in Merseyside and Cheshire



Key Points to Cover

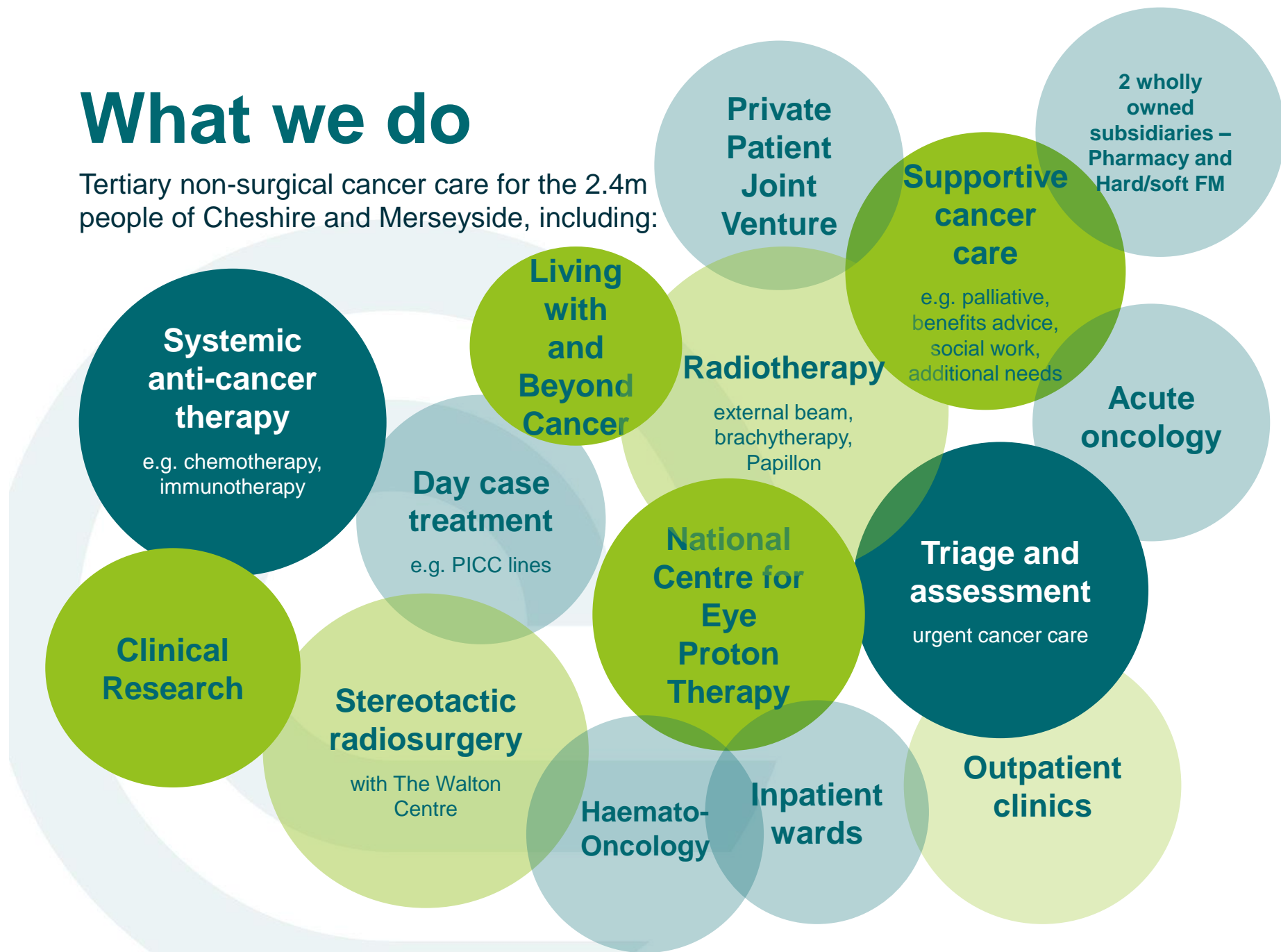
1. New CCC-Liverpool will open in Summer 2020
2. Transforming Cancer Care programme will deliver significant improvements to model of care
3. Challenges in sustaining service delivery already evident – we have to move to new model of care
4. Options and details need to be shaped locally by all stakeholders

Transforming Cancer Care



What we do

Tertiary non-surgical cancer care for the 2.4m people of Cheshire and Merseyside, including:



What Issues Are We Seeking to Address?

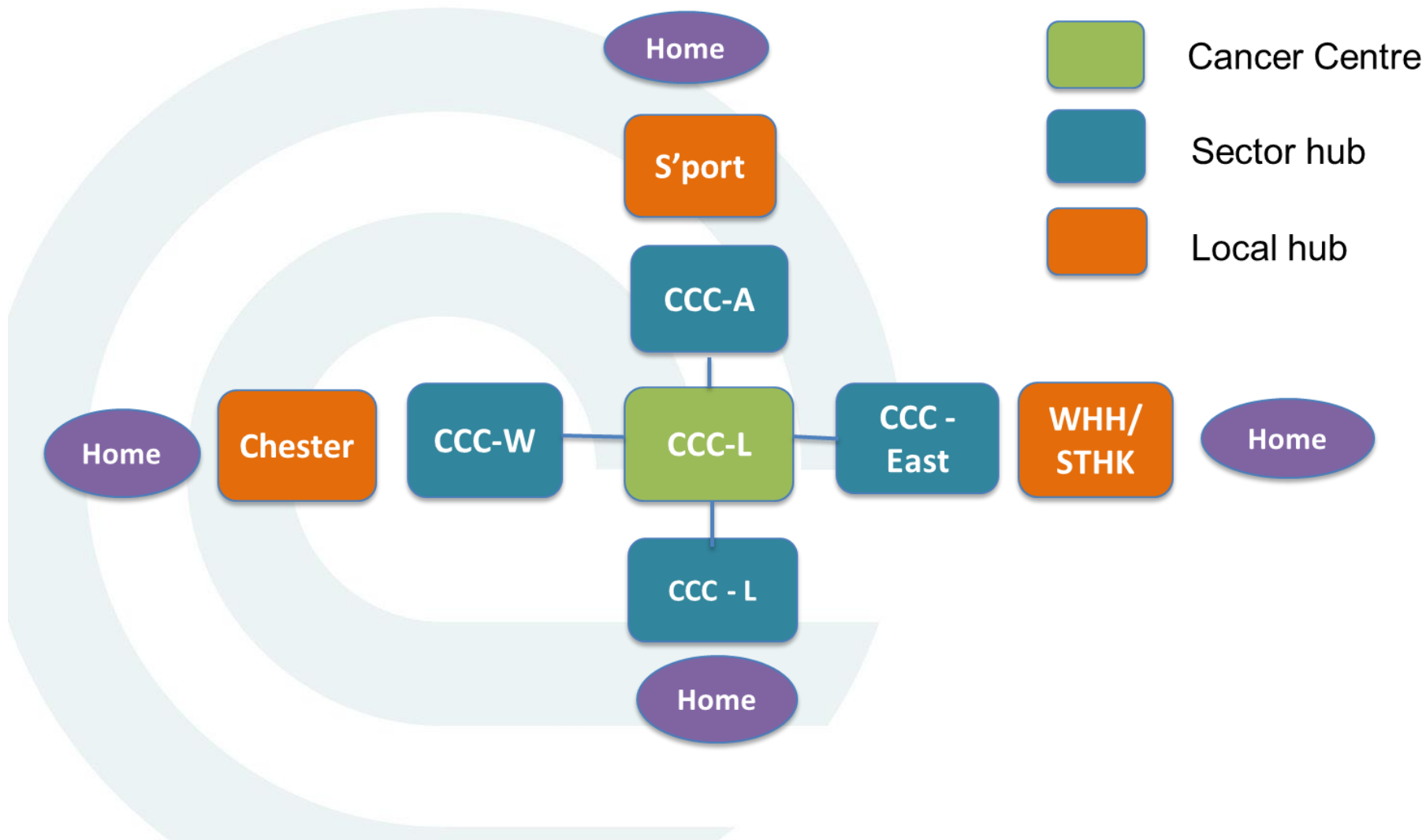
- **Current model will not be safe or sustainable in the future**, because more patients will be using cancer services and our specialist consultant workforce cannot grow to keep pace with demand. A new service model is required.
- **Model of care must support sustainable delivery of access targets** (62 day Cancer)
- The range of outpatient **services you can access is also different depending on where you live**. This includes services provided by allied health professionals (AHPs) and others such as lymphoedema. Too much CCC resource is concentrated in the Centre.
- **Access to clinical trials can be different** depending on where you access your care.
- **Haemato-oncology services and solid tumour non-surgical oncology services can be much better integrated**. In-patient care is currently fragmented.
- **Local where possible, central where necessary is the guiding principle**



What do we want the future to look like?

- Reduce waiting times
- Improve access to clinical trials
- Deliver more services in the home
- Improve access to specialist supporting services no matter where you live
- Reduce travel time for the majority of our patients
- Improve access to acute oncology services and provide alternatives to hospital admissions
- Improve outcomes and patient experience

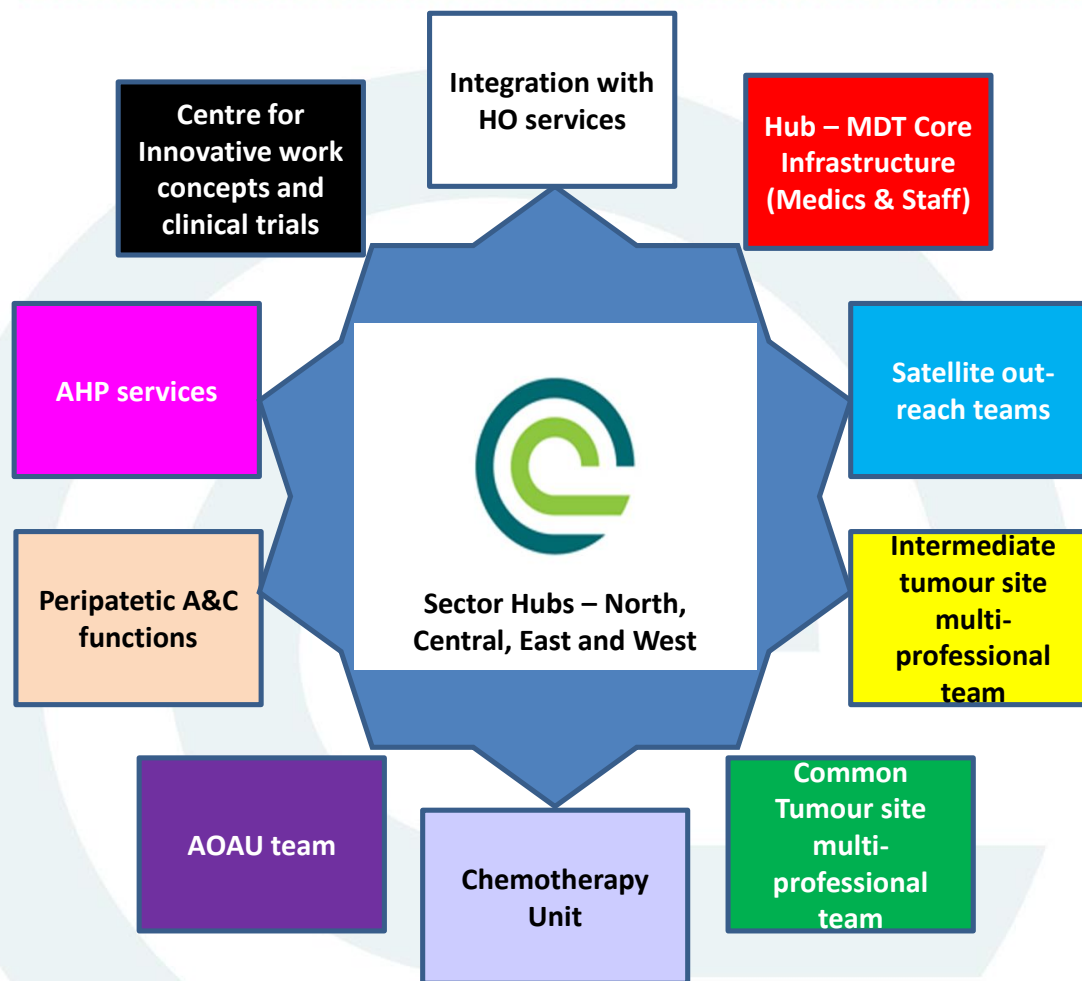
How will we do it? (Centre, Sector Hub, Local Hub, Home)



What will it look like – service provision?

Facility/Service	MAIN CENTRE	SECTOR HUB	LOCAL HUB	HOME
ACUTE ONCOLOGY	COMPREHENSIVE	ASSESSMENT UNIT & ACUTE ONCOLOGY	IOG STANDARD including. LOCAL PRESENCE	TELEMEDICINE
CHEMOTHERAPY L IV	YES	NO	NO	NO
CHEMOTHERAPY L III	YES	YES	NO	NO
CHEMOTHERAPY L I&II	YES	YES	YES	MOST
INPATIENT BEDS	YES	ON-SITE, VIA AO HUB & A&E	VIA A&E ONLY	N/A
CLINICAL TRIALS	PHASE 1 ONWARDS	PHASE 3 ONWARD – AS PER PROTOCOLS	NO	NO
CLINICAL TRIALS TEAM	ON-SITE	OUT-REACH	NO	N/A
OPD NEW	YES	YES, EXCEPT RARE	NO	NO
OPD FOLLOW UP	YES	YES, EXCEPT RARE	SOME CONSULTANT LED (COMMON CANCER) BUT PHASED TOWARDS NURSE/AHP LED	NO
RADIOTHERAPY IGRT & IMRT	ALL	ALL COMMON & SOME INTERMEDIATE	NO	N/A
COMPLEX RT	YES	NO	NO	N/A
SUPPORTIVE CARE	YES, ON SITE	YES, ON SITE	ACCESSIBLE TOUCH POINTS	NO
MDT INPUT	DIRECT, ON SITE	DIRECT, ON SITE	MOVE TOWARDS VIRTUAL INTERFACE	N/A
ONCOLOGIST BASE	YES	YES + CENTRE	NO (BUT CLINICS)	N/A
RADIOLOGY	PROVIDED	ACCESSIBLE ON SITE	ACCESSIBLE ON SITE	NO

Sector Hub Concept



Catchment population of >500,000 to deliver concept sustainably within available resources; based on NHSE RT service specification

Significant investment in workforce including non-clinical consultant and support services staffing

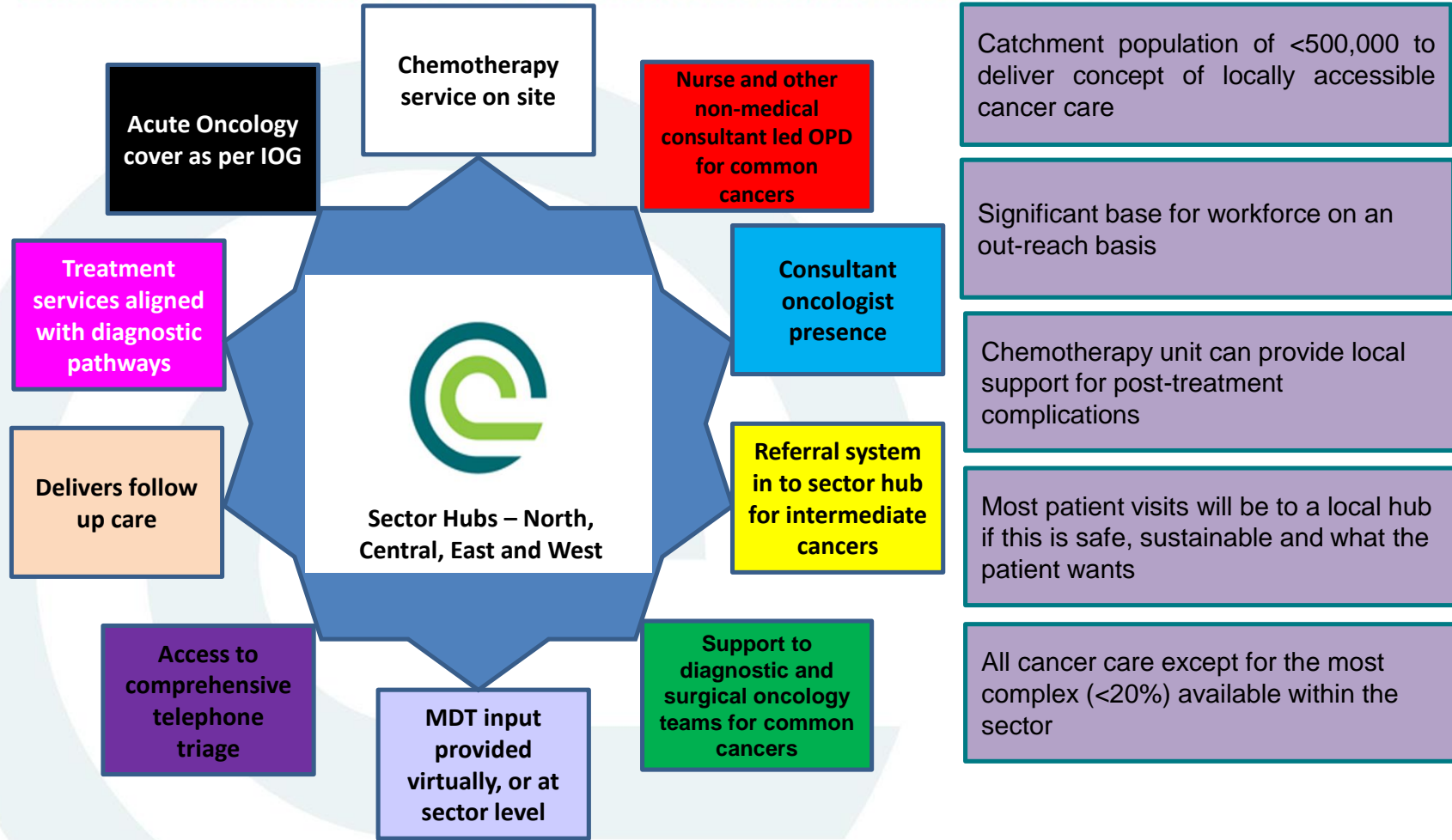
Ambulatory care unit consistently available as an alternative to ED for cancer-related treatment complications

Ensures patients can access their treatment and supportive care services from one place, with some services available more locally

All cancer care except for the most complex (<20%) available within the sector. 1st OPA base for new referrals

MDT attendance for clinical and medical oncologists provided in person and with access to video-technology

Local Hub Concept



Questions?

